

53 1501

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 1501

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Schilbach, Jennie

2. DATE

OF DEATH February 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

7807 Bagley Avenue

B. FULL NAME OF HOSPITAL OR INSTITUTION

St. Joseph's Hospital

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 30, 1888

9. AGE (In years last birthday)

64

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Joseph Foreman

14. MOTHER'S MAIDEN NAME

Anna Grzinsky apt B

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Jack Foreman - 4502 Bonner Rd

18. 443 X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral vascular accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive cardiovascular disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

22. I hereby certify that I attended the deceased from January 29, 1953 to February 10, 1953, that I last saw the deceased alive on Feb. 10, 1953 and that death occurred at 8:10 a.m., from the causes and on the date stated above.

23A. SIGNATURE

R. J. Hain

M. D.

23B. ADDRESS

1400 N. Caroline Street

23C. DATE SIGNED

Feb. 10, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 10 1953

Hain 53 1501

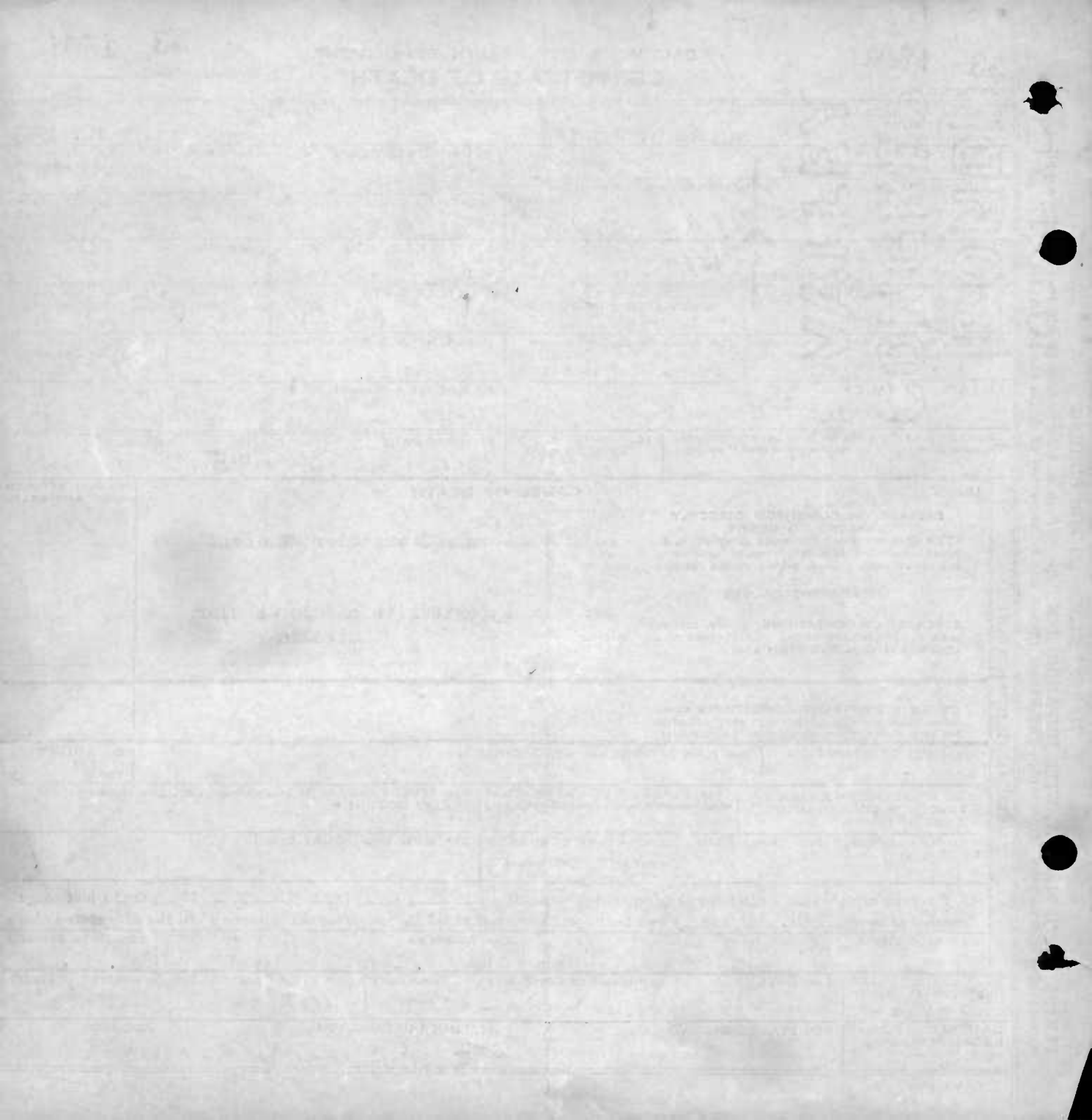
Sgt. Johnson - Box - 1124 26 W.

VS 150

North Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.



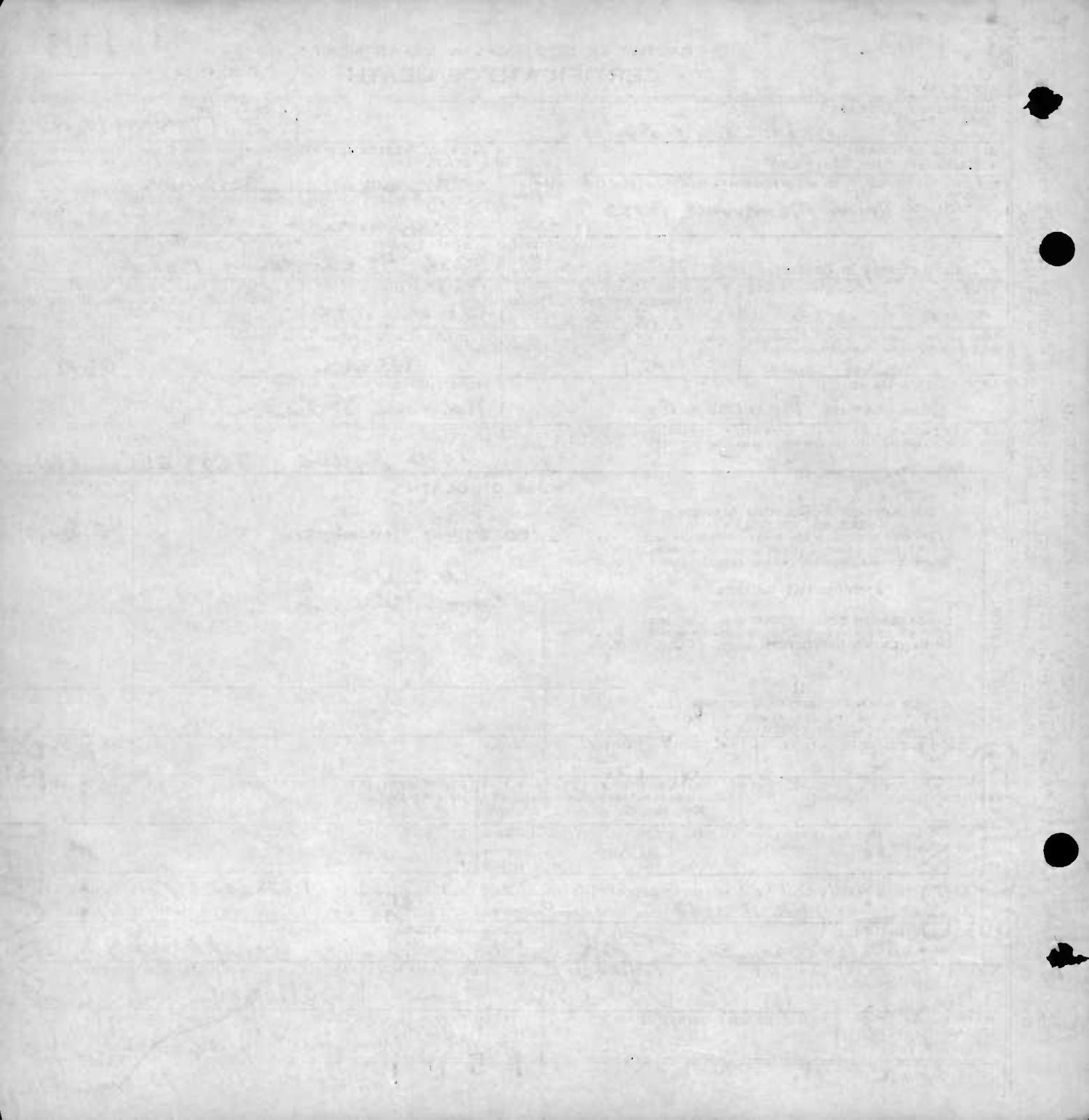
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Rebecca G. Kadis		2. DATE OF DEATH February 10, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hosp		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 38 yrs.		D. STREET ADDRESS (If rural, give location) 3706 Reisterstown Road	
5. SEX Female	6. COLOR OR RACE Jude	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH January 1880
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY -	9. AGE (In years last birthday) 73
13. FATHER'S NAME Benjamin Rabinowitz		11. BIRTHPLACE (State or foreign country) Russia	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO. -		14. MOTHER'S MAIDEN NAME Hanna Rabinowitz	
17. INFORMANT Louis Kadis		ADDRESS 3603 Elmhurst Rd	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 5 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. A SCUD coronary sclerosis		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) -	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) -	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? -
22. I hereby certify that I attended the deceased from Feb 9 , 1953, to Feb 10 , 1953 that I last saw the deceased alive on Feb 10 , 1953, and that death occurred at 6:15 a.m., from the causes and on the date stated above.		
23A. SIGNATURE May [illegible]	23B. ADDRESS Union Memorial Hospital	23C. DATE SIGNED FEB 10, 1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/11/53	24C. NAME OF CEMETERY OR CREMATORY Shaarei Zion
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	24E. FUNERAL DIRECTOR Sol. Levinson + Bros - 112 E-26 W.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 10 1953	REGISTRAR'S SIGNATURE Huntington	ADDRESS North Ave



62 Med. Exam Case
53: 1503

53 1503

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Joseph Harris</i>		2. DATE OF DEATH <i>FEB 9 - 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE <i>Md.</i> B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 12-03</i>			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>2614 Greenmount Ave</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>1/21/1878</i>	9. AGE (in years last birthday) <i>75</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Heart Watchman</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>D.S. & D Motors</i>		11. BIRTHPLACE (State or foreign country) <i>Balto Md.</i>	
13. FATHER'S NAME <i>Mathias Harris</i>		14. MOTHER'S MAIDEN NAME <i>Rebecca Sherwood</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>217-01-8935</i>		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>151X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Metastatic Carcinoma</i> DUE TO <i>Carcinoma of stomach</i> DUE TO <i>Carcinoma of stomach</i> DUE TO		CAUSE OF DEATH <i>Metastatic Carcinoma</i> <i>Carcinoma of stomach</i> <i>Carcinoma of stomach</i>			
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2-7-</i> <i>1953</i> to <i>2-9-</i> <i>1953</i> , that I last saw the deceased alive on <i>2-9-</i> <i>1953</i> , and that death occurred at <i>3 A</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Andrew W. Seitz</i> M. D.		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>Feb 9, 1953</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>2/12/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Spind Ridge</i>	
24D. LOCATION (City, town, or county) (State) <i>Pikeville Md.</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 10 1953</i>		24F. REGISTRAR'S SIGNATURE <i>H. C. 5-310</i>	
24G. DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 10 1953</i>		24H. REGISTRAR'S SIGNATURE <i>H. C. 5-310</i>		24I. FUNERAL DIRECTOR ADDRESS <i>1217 St. Paul St.</i>	

CERTIFICATION APPROVED BY
[Signature] M. D.
CHIEF OF DIST. MEDICAL EXAMINER.

VS 150

Released to hospital

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATEMENT OF DEATH
CERTIFICATE OF DEATH

1971-1972

IN THE COUNTY OF ...

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 1504

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANTONIA

SKALINSKI

2. DATE
OF
DEATH

Feb. 9, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1700 N. McKean Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

-WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

6/13/1881

9. AGE (In years
last birthday)

71

If Under 1 Year
Months: Days

7

If Under 24 Hours
Hours: Min.

26

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Seamstress

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Joseph Skalinski

14. MOTHER'S MAIDEN NAME

Mary (unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Edward Mills-1700 McKean Avenue

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Feb. 10, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/12/53

24C. NAME OF CEMETERY OR CREMATORY

St. Peters

24D. LOCATION (City, town, or county) (State)

Baltimore

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

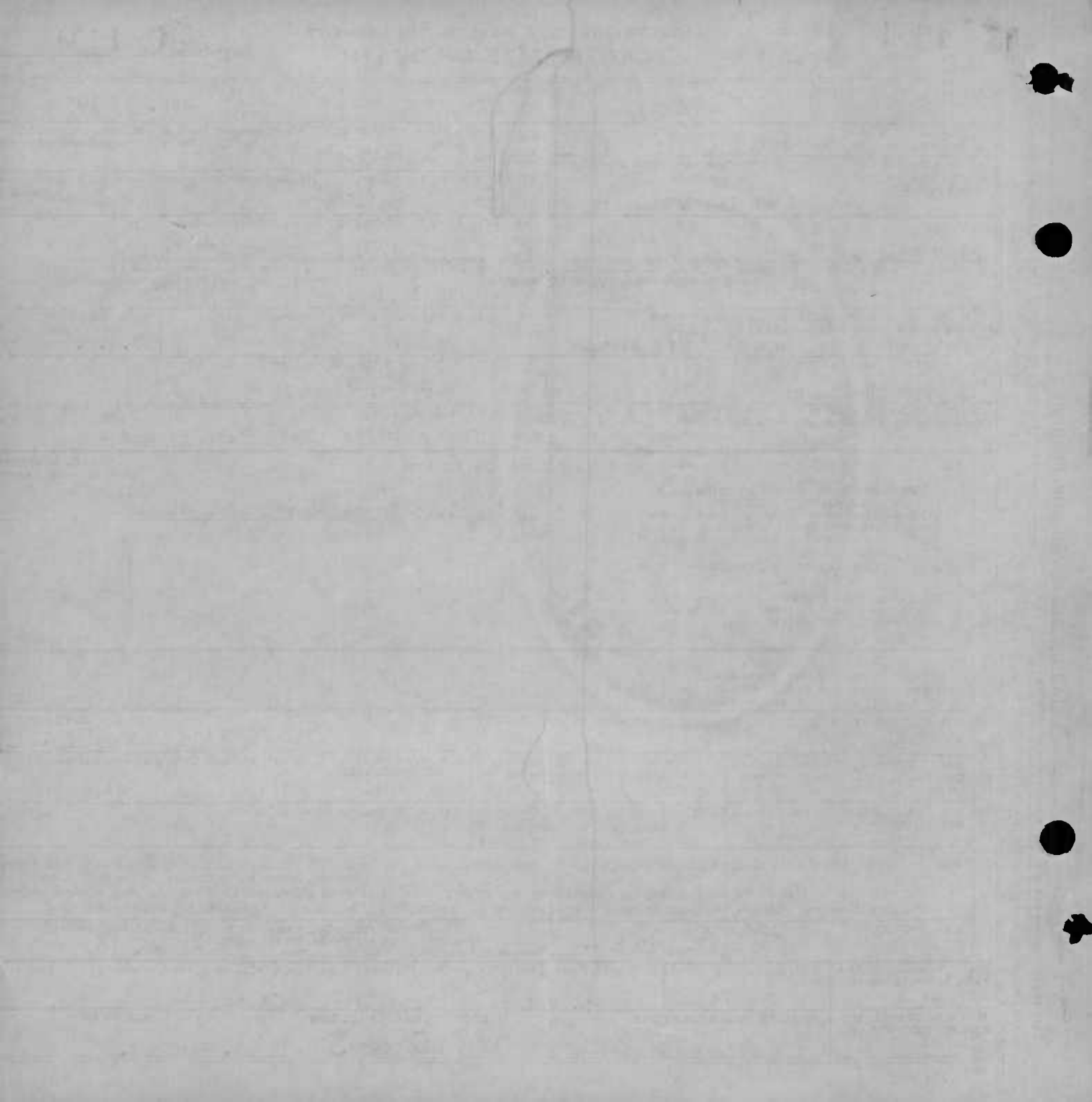
Wm. Cook & Sons 1217 St. Paul St.

VS 151

69046

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.



53 1505

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1505
Registered No.

1. NAME OF DECEASED (Type or Print) <u>Runge, Margaret</u>		2. DATE OF DEATH <u>February 8, 1953</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's</u>		C. CITY OR TOWN <u>Baltimore</u>	
c. Length of stay in Baltimore <u>15 yr.</u>		D. STREET ADDRESS (If rural, give location) <u>1502 Abbottston St.</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 23, 1879</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wife</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	9. AGE (In years last birthday) <u>73</u>
13. FATHER'S NAME <u>Frank Lee</u>		14. MOTHER'S MAIDEN NAME <u>Isabelle Forsythe</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>1502 Abbottston St</u>	
17. INFORMANT <u>Herman Runge</u>		ADDRESS <u>1502 Abbottston St</u>	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <u>331X</u> DUE TO (A) <u>Cerebral vascular accident</u> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) <u>Arteriosclerosis, generalized</u> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>Uremia</u>			INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>January 24, 1953</u> to <u>February 8, 1953</u> , that I last saw the deceased alive on <u>Feb. 8, 1953</u> , and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above.			
23A. SIGNATURE <u>A. P. Coffey Jr.</u>		23B. ADDRESS <u>1100 N. Caroline St.</u>	
23C. DATE SIGNED <u>Feb. 8, 1953</u>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>2/11/53</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>Druid Ridge Cem.</u>		24D. LOCATION (City, town, or county) (State) <u>Balto. Md</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>FEB 11 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington</u>	
FUNERAL DIRECTOR <u>John A. Moran</u>		ADDRESS <u>3000 E. Balto</u>	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 1506
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

RICHARD KEMP

2. DATE OF DEATH
Feb. 7, 1953

3. PLACE OF DEATH:

A. **Baltimore City, Maryland**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY _____

B. FULL NAME OF HOSPITAL OR INSTITUTION
Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

C. Length of stay in Baltimore
27 Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)
1708 Bolton St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Jan. 30

9. AGE (In years last birthday)

27

H Under 1 Year Months Days H Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Chemist

10B. KIND OF BUSINESS OR INDUSTRY
Paul Jones Dist.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Richard C. Kemp

14. MOTHER'S MAIDEN NAME

Flora Annan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Lemuel J. Kemp 20 Beaumont Ave. Catons.

18. **E929.4**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) **Cerebral edema**
DUE TO **Cerebral anoxia due to Submersion in water**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
school pool

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
Loyola College-Charles St. & Coldspring Lane

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
Feb. 7, 1953 4:35 P.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?
Fount unconscious in swimming pool

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

J. A. Fisher

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐ 23C. DATE SIGNED
Feb. 9, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

2/11/53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR
FEB 11 1953

REGISTRAR'S SIGNATURE

Huntington S. Quinn

25. FUNERAL DIRECTOR

ADDRESS

W. H. Means Son 805 1/2 Calver St.

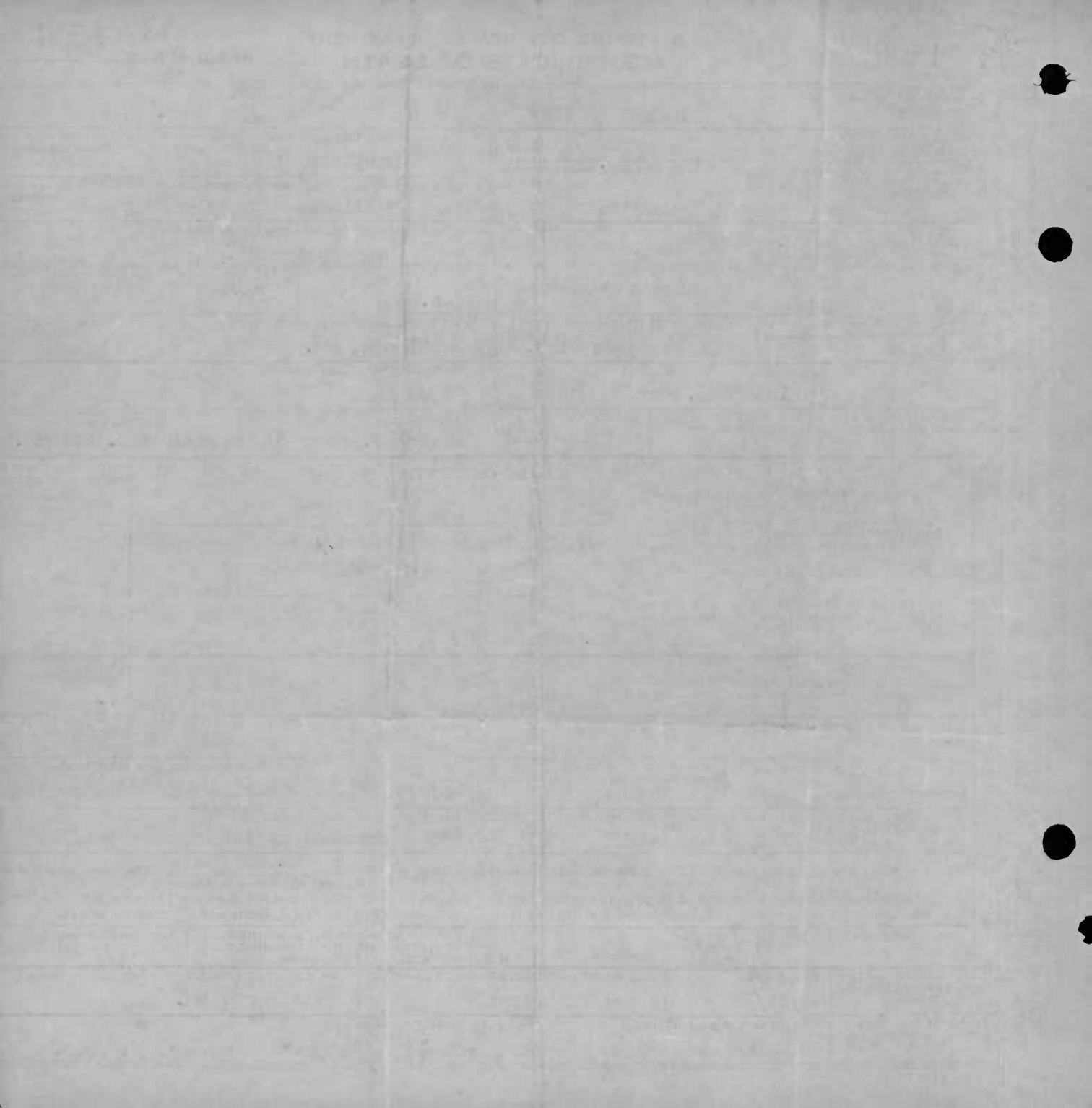
V S 151

N-990x

007 46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 1507

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1507
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Cecilia F. Stone		2. DATE OF DEATH Feb. 8, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-01	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3919 Clover Hill Road		D. STREET ADDRESS (If rural, give location) 3919 Cloverhill Road		LIFE Yrs. Mos. Days	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 13, 1895	9. AGE (in years last birthday) 57	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
13. FATHER'S NAME Charles H. Frederick		14. MOTHER'S MAIDEN NAME Elizabeth H. Schneider		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Chester H. Stone 3919 Cloverhill Road	
18. 154X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Cancer of Lung (Metastatic) DUE TO (B) Cancer of Rectum (Primary) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 2 yrs 6 yrs	
19A. DATE OF OPERATION Feb. 1946		19B. MAJOR FINDINGS OF OPERATION Cancer of Rectum. Removal of Rectum		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1940 to Feb 8, 1953, that I last saw the deceased alive on Feb 8, 1953, and that death occurred at 5:20 P.M., from the causes and on the date stated above.					
23A. SIGNATURE J. A. Chalant		23B. ADDRESS M. D. 158 E. Pringle St.		23C. DATE SIGNED Feb 10, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/11/53		24C. NAME OF CEMETERY OR CREMATORY New Cathedral	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR FEB 11 1953		24F. REGISTRAR'S SIGNATURE Thurman S. Johnson	
24G. FUNERAL DIRECTOR W. B. Means		24H. ADDRESS Don 505 N. Calver St.		24I. DATE RECEIVED BY LOCAL REGISTRAR FEB 11 1953	

MINISTRY OF HEALTH
CERTIFICATE OF DEATH

1. Name of the deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Signature of the medical officer		9. Signature of the informant	
10. Signature of the registrar		11. Signature of the coroner		12. Signature of the police officer	
13. Signature of the health officer		14. Signature of the medical officer		15. Signature of the informant	
16. Signature of the registrar		17. Signature of the coroner		18. Signature of the police officer	
19. Signature of the health officer		20. Signature of the medical officer		21. Signature of the informant	
22. Signature of the registrar		23. Signature of the coroner		24. Signature of the police officer	
25. Signature of the health officer		26. Signature of the medical officer		27. Signature of the informant	
28. Signature of the registrar		29. Signature of the coroner		30. Signature of the police officer	
31. Signature of the health officer		32. Signature of the medical officer		33. Signature of the informant	
34. Signature of the registrar		35. Signature of the coroner		36. Signature of the police officer	
37. Signature of the health officer		38. Signature of the medical officer		39. Signature of the informant	
40. Signature of the registrar		41. Signature of the coroner		42. Signature of the police officer	
43. Signature of the health officer		44. Signature of the medical officer		45. Signature of the informant	
46. Signature of the registrar		47. Signature of the coroner		48. Signature of the police officer	
49. Signature of the health officer		50. Signature of the medical officer		51. Signature of the informant	
52. Signature of the registrar		53. Signature of the coroner		54. Signature of the police officer	
55. Signature of the health officer		56. Signature of the medical officer		57. Signature of the informant	
58. Signature of the registrar		59. Signature of the coroner		60. Signature of the police officer	
61. Signature of the health officer		62. Signature of the medical officer		63. Signature of the informant	
64. Signature of the registrar		65. Signature of the coroner		66. Signature of the police officer	
67. Signature of the health officer		68. Signature of the medical officer		69. Signature of the informant	
70. Signature of the registrar		71. Signature of the coroner		72. Signature of the police officer	
73. Signature of the health officer		74. Signature of the medical officer		75. Signature of the informant	
76. Signature of the registrar		77. Signature of the coroner		78. Signature of the police officer	
79. Signature of the health officer		80. Signature of the medical officer		81. Signature of the informant	
82. Signature of the registrar		83. Signature of the coroner		84. Signature of the police officer	
85. Signature of the health officer		86. Signature of the medical officer		87. Signature of the informant	
88. Signature of the registrar		89. Signature of the coroner		90. Signature of the police officer	
91. Signature of the health officer		92. Signature of the medical officer		93. Signature of the informant	
94. Signature of the registrar		95. Signature of the coroner		96. Signature of the police officer	
97. Signature of the health officer		98. Signature of the medical officer		99. Signature of the informant	
100. Signature of the registrar		101. Signature of the coroner		102. Signature of the police officer	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1508
Registered No.

53 1508

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jennie L. Kraft

2. DATE
OF
DEATH

2/9/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

101 S. Wickham Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

c. Length of stay in Baltimore

64

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

101 S. Wickham Road

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 24, 1888

9. AGE (In years
last birthday)

64

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John R. McCoy

14. MOTHER'S MAIDEN NAME

Lillie A. Scharff

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Harry V. Kraft 101 S. Wickham Road

18. 420.1

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO

(B) DUE TO

(C) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1945 to Feb 9, 1953 that I last saw the
deceased alive on Feb 8, 1953, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

4209 Frederick Avenue.

2-10-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/12/53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 11 1953

Huntington

No. 26. Means and Son 805 N. Calvert St.

8-1-18

CERTIFICATE OF DEATH

STATE OF NEW YORK

DEPARTMENT OF HEALTH

ALBANY

18

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+

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+

△

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1509

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alice Schwarz

2. DATE
OF
DEATH

2/8/53 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Franklin Square Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-03

D. STREET ADDRESS (If rural, give location)

4812 Holder Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

1906

9. AGE (In years

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

At home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Rabenstein

14. MOTHER'S MAIDEN NAME

Christine Diefenbach

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Charles F. Schwarz Jr.

Home

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary vascular accident

5 hr.

ANTECEDENT CAUSES

(B) DUE TO
(C)DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/8/53 to 2/8/53, that I last saw the
deceased alive on 2/8/53, and that death occurred at 11:00 a. m., from the causes and on the date stated above.

23A. SIGNATURE

R. S. Chambers

23B. ADDRESS

Franklin Square Hosp.

23C. DATE SIGNED

2/8/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Feb 12/53

Oak Lawn

Baltimore Co

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

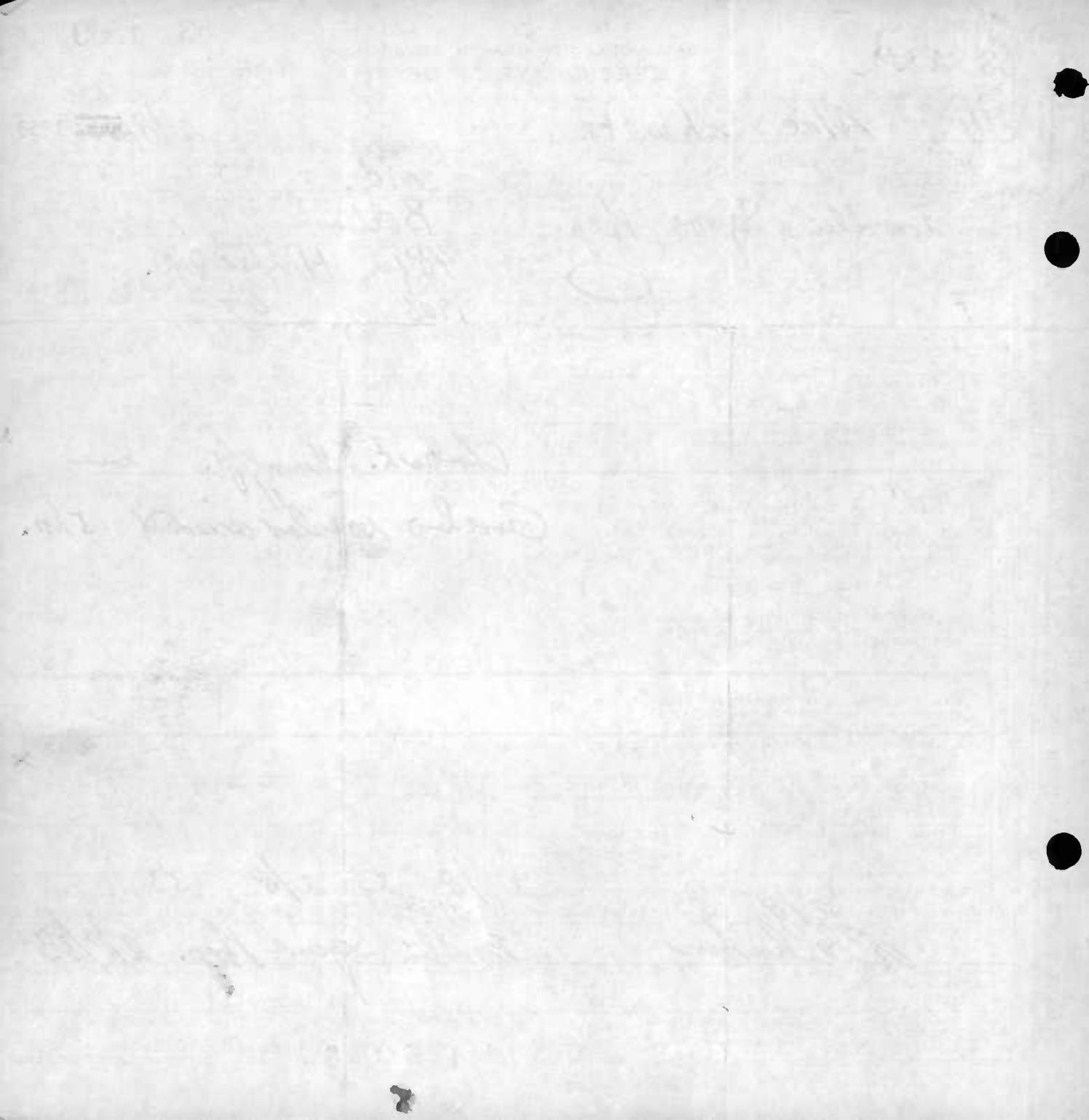
25. FUNERAL DIRECTOR

ADDRESS

FEB 11 1953

Huntington Williams

Ulrich Funeral Home 2008 Orleans St



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

53 1510

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

T. BAYARD Williams

2. DATE
OF
DEATH

Feb. 9, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE B. COUNTY before admission)

MARYLAND Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

MEMORIAL HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE DUNDALK

D. STREET ADDRESS (If rural, give location)

3414 DUNGLOW ROAD 5353

c. Length of stay in Baltimore

13

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Jan 3 1879

9. AGE (In years
last birthday)

74

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LAWYER

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Dr. E. Jones Williams

14. MOTHER'S MAIDEN NAME

EILEEN WOOTTEN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Elizabeth Williams 3014 Dunglew

18. 202.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) METASTASIS FROM
DUE TO MULTIPLE LYMPHOMA

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from Dec. 30, 1953, to 2-9-53, 1953, that I last saw the deceased alive on 2-4-53, 1953, and that death occurred at 6:40 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Robert L. Phillips

M. D.

23B. ADDRESS

Union Memorial Hosp

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb 12/53

24C. NAME OF CEMETERY OR CREMATORY

Cemetery

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

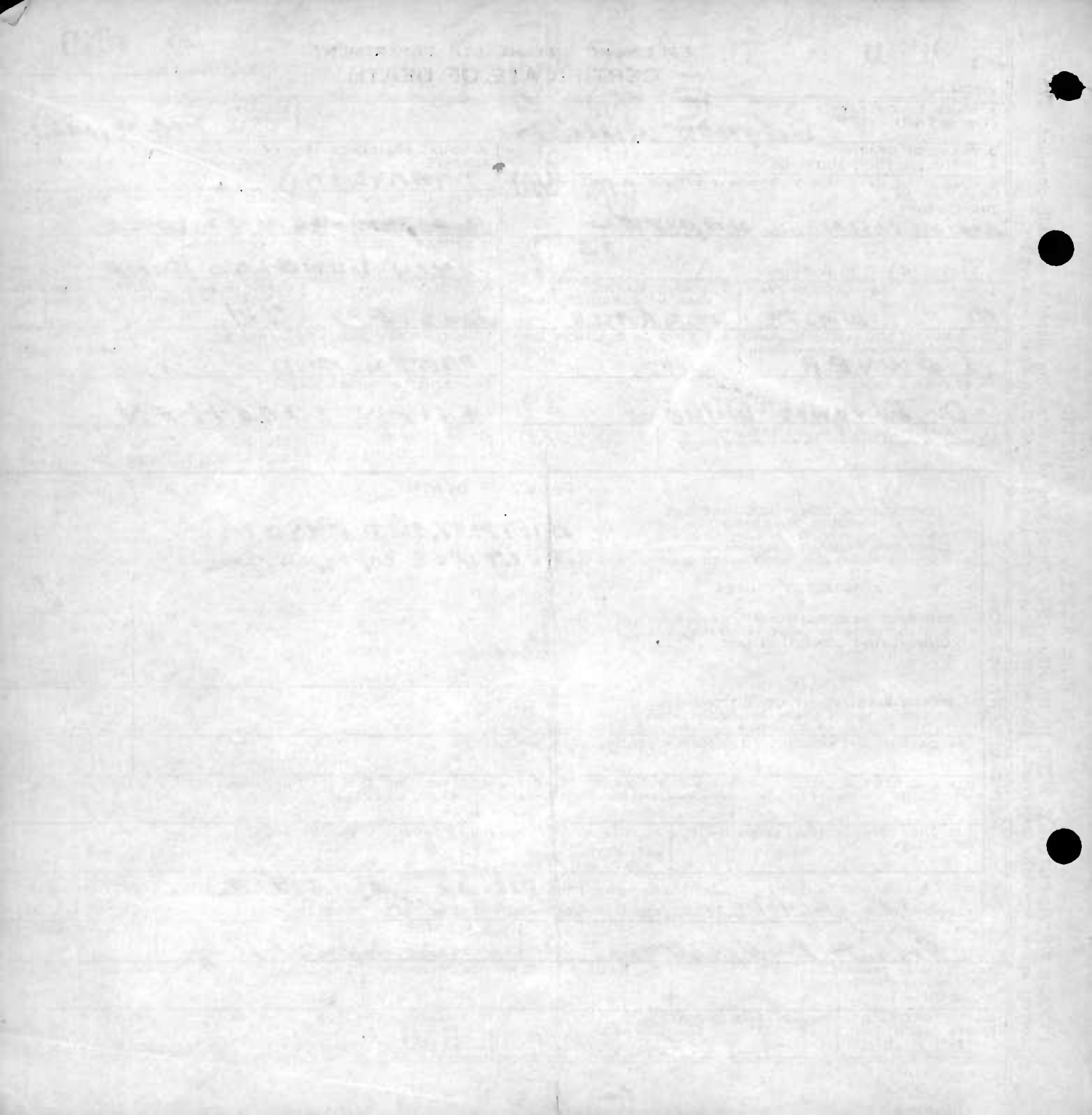
REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

ADDRESS

11111 Funerl Home 2112 Dundalk Ave



53 1511

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1511

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANK HENRY WISEMAN

2. DATE
OF
DEATH

Feb. 9, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

CITY

C. CITY OR TOWN
Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

8013 Belair Road - 6

c. Length of stay in Baltimore

life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

JAN 24 1877

9. AGE (In years
last birthday)

76

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

CARE TAKER

10B. KIND OF BUSINESS OR
INDUSTRY

KOF C HALL OVERLEH.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

JOHN WISEMAN

14. MOTHER'S MAIDEN NAME

ELIZABETH MILLER.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

220-01-2522A

17. INFORMANT

ADDRESS

MARY H WISEMAN 8013 BELAIR ROAD.

18. 155X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Intestinal Obstruction

DUE TO post-operative adhesions

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Carcinoma of ampula of vater

DUE TO

(C) Generalized arteriosclerosis

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21a. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 8 th, 1953, to Feb. 9 th, 1953, that I last saw the
deceased alive on Feb. 9 th 1953, and that death occurred at 7:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

C. P. Coffey Jr.

M. O.

23B. ADDRESS

1400 N. Caroline Street - 13

23C. DATE SIGNED

Feb. 9, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

FEB 10 1953

24C. NAME OF CEMETERY OR CREMATORY

HOLY REDEEMER CEM.

24D. LOCATION (City, town, or county)

4430 BELAIR RD MD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington B. B. B. B. B.

25. FUNERAL DIRECTOR

ADDRESS

7110 BELAIR RD.

MARGIN RESERVED FOR BINDING

53 1512

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1512
Registered No.

BIRTH NO.

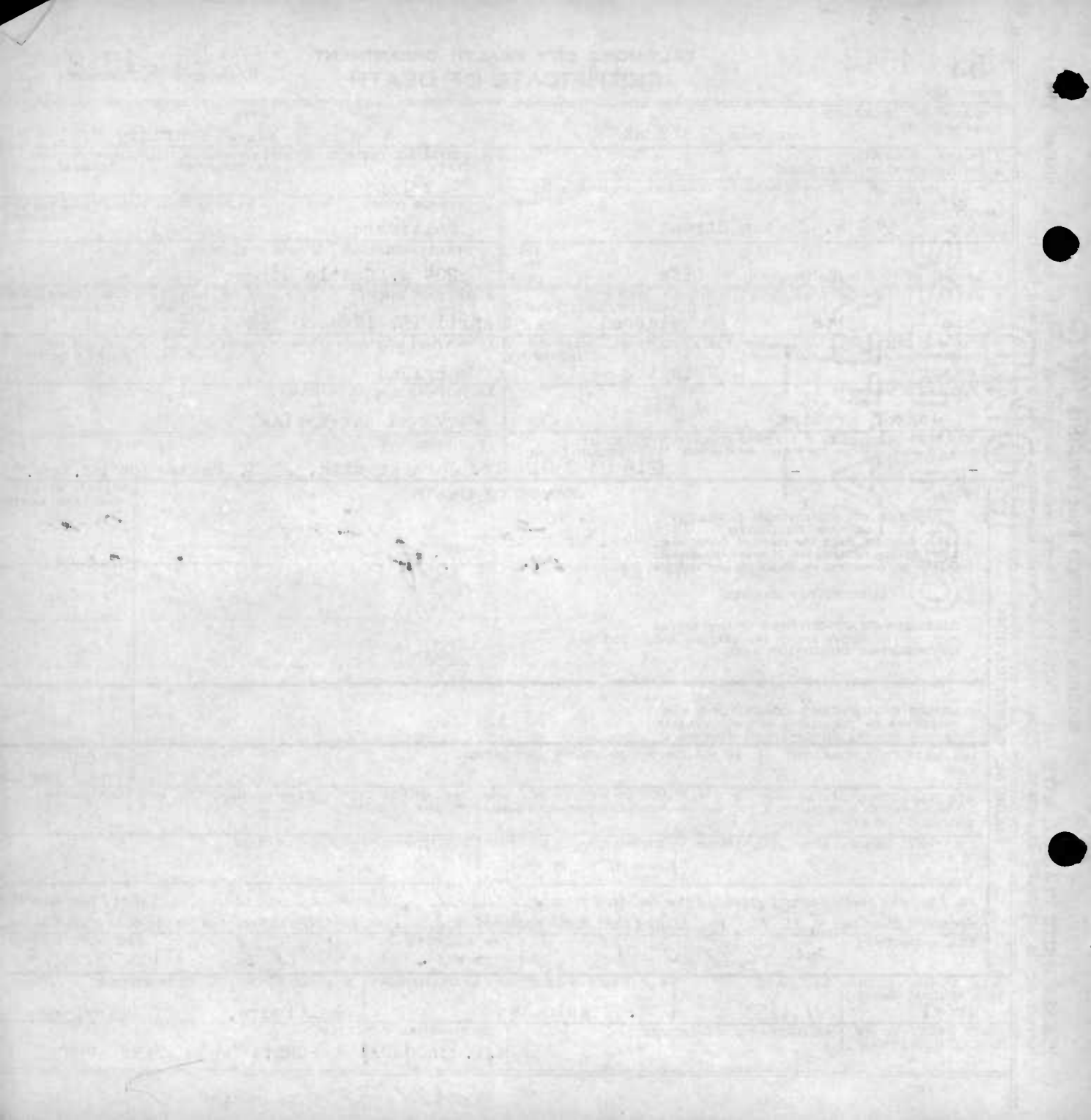
1. NAME OF DECEASED (Type or Print) GEORGE KRYSIAK			2. DATE OF DEATH February 8, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 204 S. Castle Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 204 S. Castle Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 15, 1884	9. AGE (In years last birthday) 68	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stevadore			10B. KIND OF BUSINESS OR INDUSTRY Shipping		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Joseph Krysiak			14. MOTHER'S MAIDEN NAME Maryanna Wawrzyniak		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -			16. SOCIAL SECURITY NO. 215 03 2301		
17. INFORMANT Mr. John Krysiak			ADDRESS 322 S. Patterson Pk. Ave.		

18. 161X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of larynx with obstruction	CAUSE OF DEATH Carcinoma of larynx with obstruction	INTERVAL BETWEEN ONSET AND DEATH 7 mos
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) ...	DUE TO	
(B) ...	DUE TO	
(C) ...	DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb 7, 1953 , to Feb 8, 1953 , that I last saw the deceased alive on Feb 8, 1953 , and that death occurred at 11:30 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE Constance Ziegler		23B. ADDRESS room 1 Rutth		23C. DATE SIGNED 2/10/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/11/53		24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus	
24D. LOCATION (City, township, county) (State) Baltimore, Maryland		25. FUNERAL DIRECTOR F. SADOWSKI & SONS, 1808 EASTERN AVENUE			
DATE RECEIVED BY LOCAL REGISTRAR FEB 10 1953		REGISTRAR'S SIGNATURE Huntington			

VS 150

94055 Charles S. Sadowski



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 1513

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1513
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Leo E. Roche

2. DATE
OF
DEATH

2/8/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

101 Sarrento ave Baltimore, Md 28-04

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

101 Sarrento ave

5. SEX

M.

6. COLOR OR RACE

N.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

12/8/1878

9. AGE (in years last birthday)

74

If Under 1 Year

If Under 24 Hours

Months: Days

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Best Price Dept

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Chas Roche

14. MOTHER'S MAIDEN NAME

Mary A. Dougherty

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr Frank J Roche Same

18. 177X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Uremia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Carcinoma of prostate

(C)

INTERVAL BETWEEN ONSET AND DEATH

Weeks

Years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to Feb 8, 1953, that I last saw the deceased alive on Feb 6, 1953, and that death occurred at 2:00 P. M., from the causes and on the date stated above.

23A. SIGNATURE

James Nolan

M. D.

23B. ADDRESS

6014 Edmonson Ave Catonsville

23C. DATE SIGNED

2/8/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 10 1953

H. J. 5/18/53

J. J. 131 Light St

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 1514
Registered No. _____

BIRTH NO. 1514

1. NAME OF DECEASED
(Type or Print)

Custis G. Stephens

2. DATE OF DEATH FEB 9 - 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Med. Ost 6

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE Md. B. COUNTY _____

B. FULL NAME OF HOSPITAL OR INSTITUTION
JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore, 27-13

D. STREET ADDRESS (If rural, give location)
5809 Clarks Hill Rd.

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

male white

married

5-2-06 46

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
JOHNS HOPKINS HOSPITAL

18. 493X, and 322.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pneumococcal meningitis

36 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Pneumococcal pneumonia

4 days

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Chronic alcoholism, delirium tremens

20 years.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-4-, 1953 to 2-9-, 1953 that I last saw the deceased alive on 2-9-, 1953 and that death occurred at 3:15 A. m., from the causes and on the date stated above.

23A. SIGNATURE
Richard N. Greer

23B. ADDRESS
JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial 2-10-53

Sandon Park

Balto - Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 10 1953

5-3-10-1953

Edwards Amacost

VS 150

4600 Liberty Heights

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Cecilia G. Stephens

Wife of

Baltimore

2209 Parkhill Rd

5-4-66

Infant mortality

Infant mortality

Child of John Stephens

5-4-66

5-4-66

John Stephens

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Luigi Morelli Alcarese

2. DATE
OF
DEATH

Feb. 6, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4011 Park Hghts. Ave.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

STATE Md.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

4011 Park Hghts. Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

O. STREET ADDRESS (If rural, give location)

4011 Park Hghts. Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 11, 1884 68

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Salvatore Alcarese

14. MOTHER'S MAIDEN NAME

Marie Morelli

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Antonio Alcarese-4011 Park Hghts. A

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) _____
DUE TO

Myocarditis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) _____
DUE TO

Atherosclerosis

(C) _____

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 6, 1953, to Feb 6, 1953, that I last saw the
deceased alive on Feb 6, 1953, and that death occurred at 11:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Nathan E. Reed M. D.

23B. ADDRESS

4215 Red Hght Rd

23C. DATE SIGNED

2/10/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/10/53

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington 5/5/53

25. FUNERAL DIRECTOR

ADDRESS

4600 Liberty Hghts. Ave.

CERTIFICATE OF DEATH

NAME OF DECEASED

AGE

SEX

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

SIGNATURE OF REGISTRAR

DATE OF REGISTRATION

PLACE OF REGISTRATION

NAME OF REGISTRAR

DATE OF SIGNATURE

PLACE OF SIGNATURE

SIGNATURE OF DECEASED

DATE OF SIGNATURE

PLACE OF SIGNATURE

SIGNATURE OF DECEASED

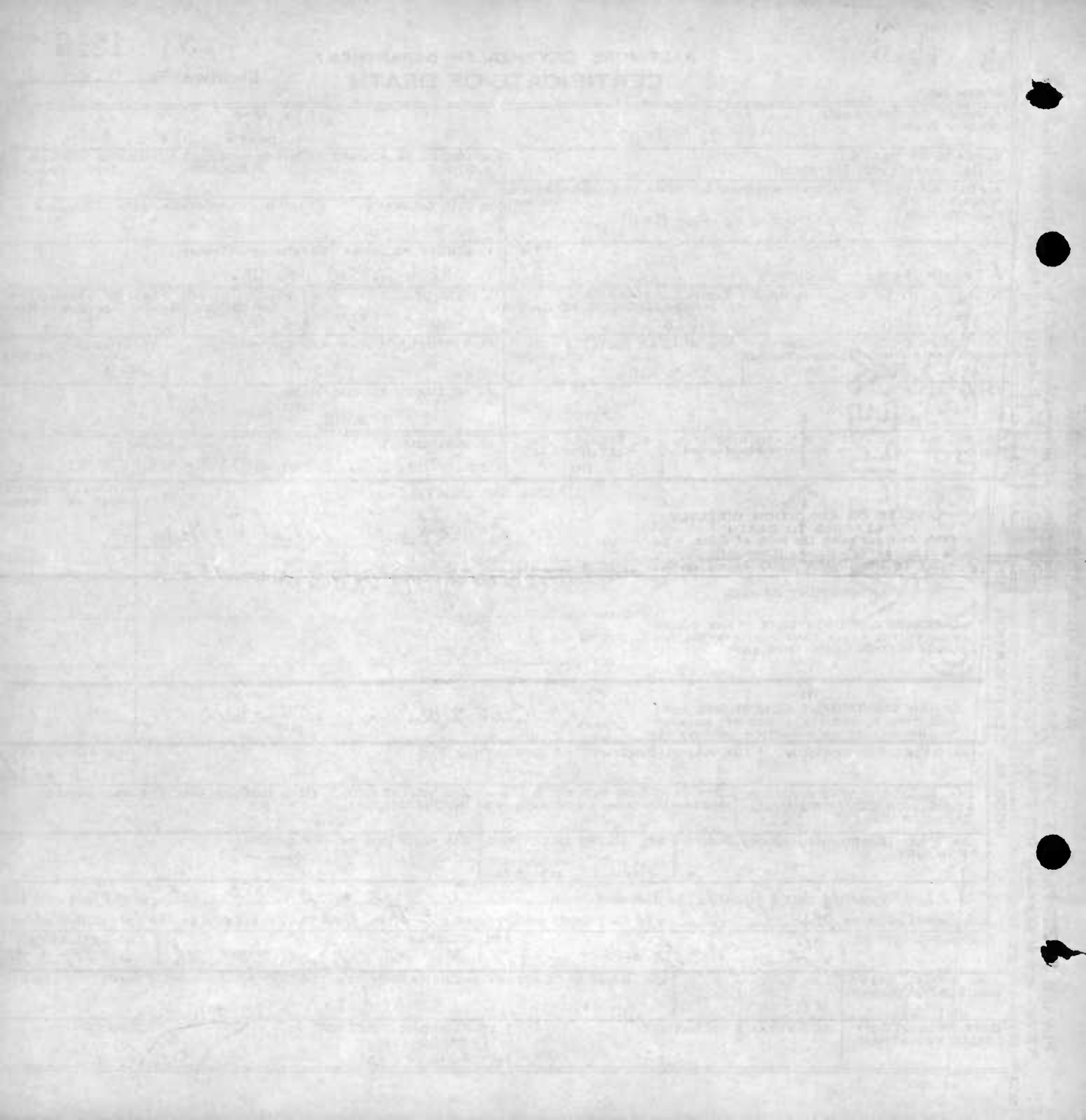
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) MARY J. McLANE		2. DATE OF DEATH Feb. 8, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-03			
D. Length of stay in Baltimore 41 Yrs. Mos. Days		E. STREET ADDRESS (If rural, give location) 2703 N. Calvert St.			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan 1887	9. AGE (in years last birthday) 66	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maid & Companion		10B. KIND OF BUSINESS OR INDUSTRY Personal		11. BIRTHPLACE (State or foreign country) Baltimore	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT ADDRESS Mrs. Chas. D. Brown 4911 Crowson Ave.	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial infarct - Ventricular fibrillation DUE TO arterio-sclerosis		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Parkinsonian disease					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 7, 1952 to Jan 7, 1953 , that I last saw the deceased alive on Jan 2, 1953 , and that death occurred at 7:30 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Louis F. Krummen		23B. ADDRESS 722 So. Kenwood Ave.		23C. DATE SIGNED 2/10/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/11/53		24C. NAME OF CEMETERY OR CREMATORY Ward's Chapel	
24D. LOCATION (City, town, or county) Randallstown, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR ADDRESS Wm. J. Tucker, Inc. Balto. Md.	



53 1517

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1517

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ZORAH V. HAGADONE

2. DATE
OF
DEATH

Feb. 8, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

524 Lyndhurst St.

D. STREET ADDRESS (If rural, give location)

524 Lyndhurst St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Sept. 5, 1871

9. AGE (In years
last birthday)

81

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Home

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

William T. Swann

14. MOTHER'S MAIDEN NAME

Mahala Pippin

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Miss Helen Hagadone

Above

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

Feb. 6

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) cerebral hemorrhage and paralysis Feb. 8

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Hypertension and advanced
arterio sclerosis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (a. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 7, 1953 to Feb. 8, 1953, that I last saw the
deceased alive on Feb. 7, 1953, and that death occurred at 10:50 pm, from the causes and on the date stated above.

23A. SIGNATURE

Helen Hagadone

M. D.

23B. ADDRESS

2220 Garrison Blvd

23C. DATE SIGNED

Feb. 10, 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 12, 1953

24C. NAME OF CEMETERY OR CREMATORY

Denton, Cem.

24D. LOCATION (City, town, or county)

Denton, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

19530000

25. FUNERAL DIRECTOR

ADDRESS

Mr. E. J. Tucker - Lone Pine, Balto. Md.

NEW BEDFORD CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

11-25-2011

53 1518

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1518

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

WILLIAM LEE WENDELL

2. DATE
OF
DEATH

February 6, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Roland Park Apartments

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

4 - 26 - 1889

9. AGE (In years
last birthday)

63

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Telegraph Operator10B. KIND OF BUSINESS OR
INDUSTRY

R.R.

11. BIRTHPLACE (State or foreign country)

Summit Kentucky

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Walter W. Wendell

14. MOTHER'S MAIDEN NAME

Fannie Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Harry C. Wendell Terra Alta W. Va

18.

527.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pneumothorax

DUE TO

ANTECEDENT CAUSES

(B) Rupture of emphysematous bleb

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

R. F. Fisher

23B. CHIEF MEDICAL EXAMINER.....☒ 23C. DATE SIGNED
ASSISTANT MEDICAL EXAMINER.....☐ February 7, 1953
MEDICAL INVESTIGATOR.....☐24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

FEB:13:1953

24C. NAME OF CEMETERY OR CREMATORY

TERRA ALTA

24D. LOCATION (City, town, or county) (State)

WEST VIRGINIA

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington 1.5.32.9.22

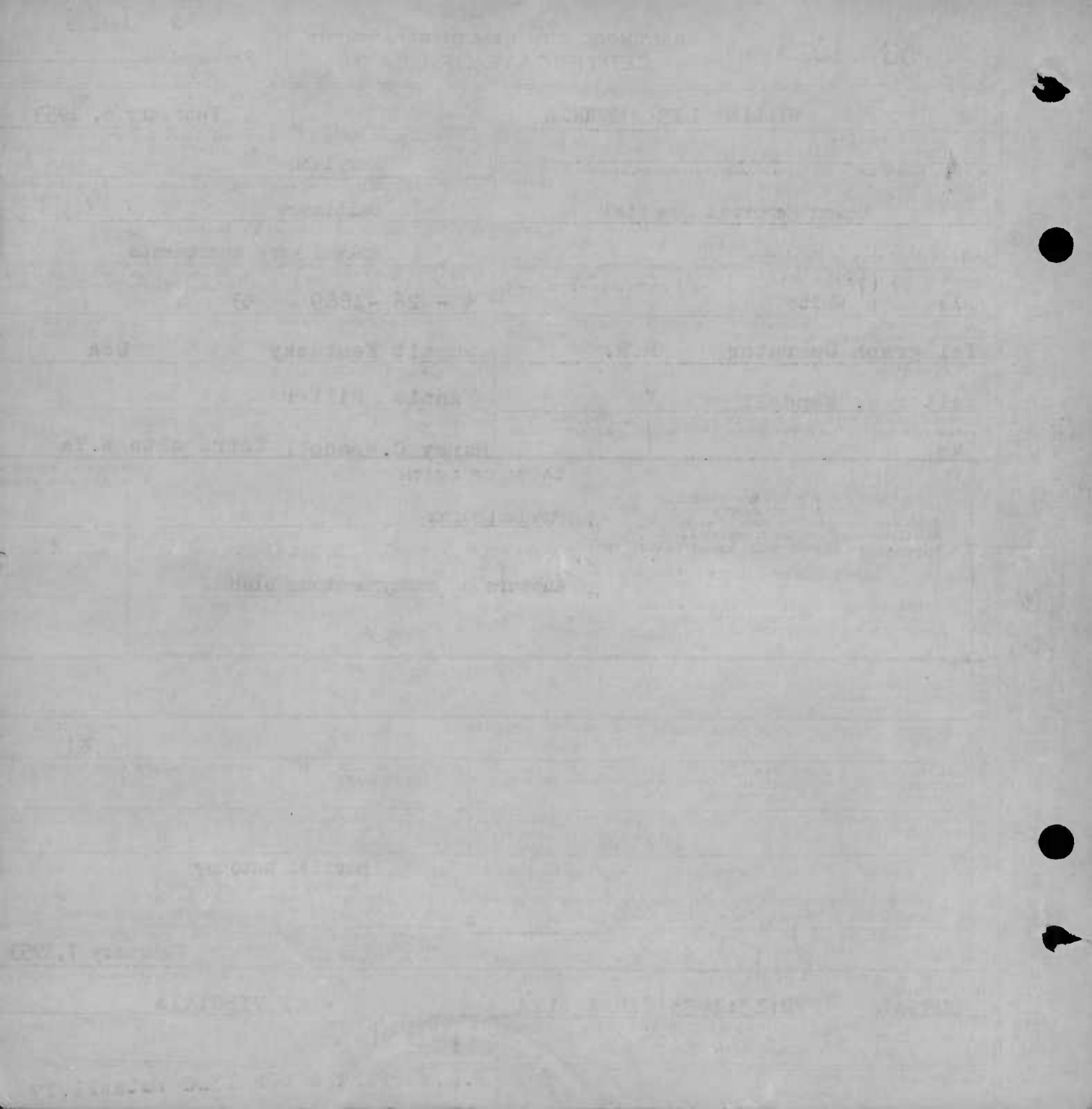
25. FUNERAL DIRECTOR

ADDRESS

1517

VS 151

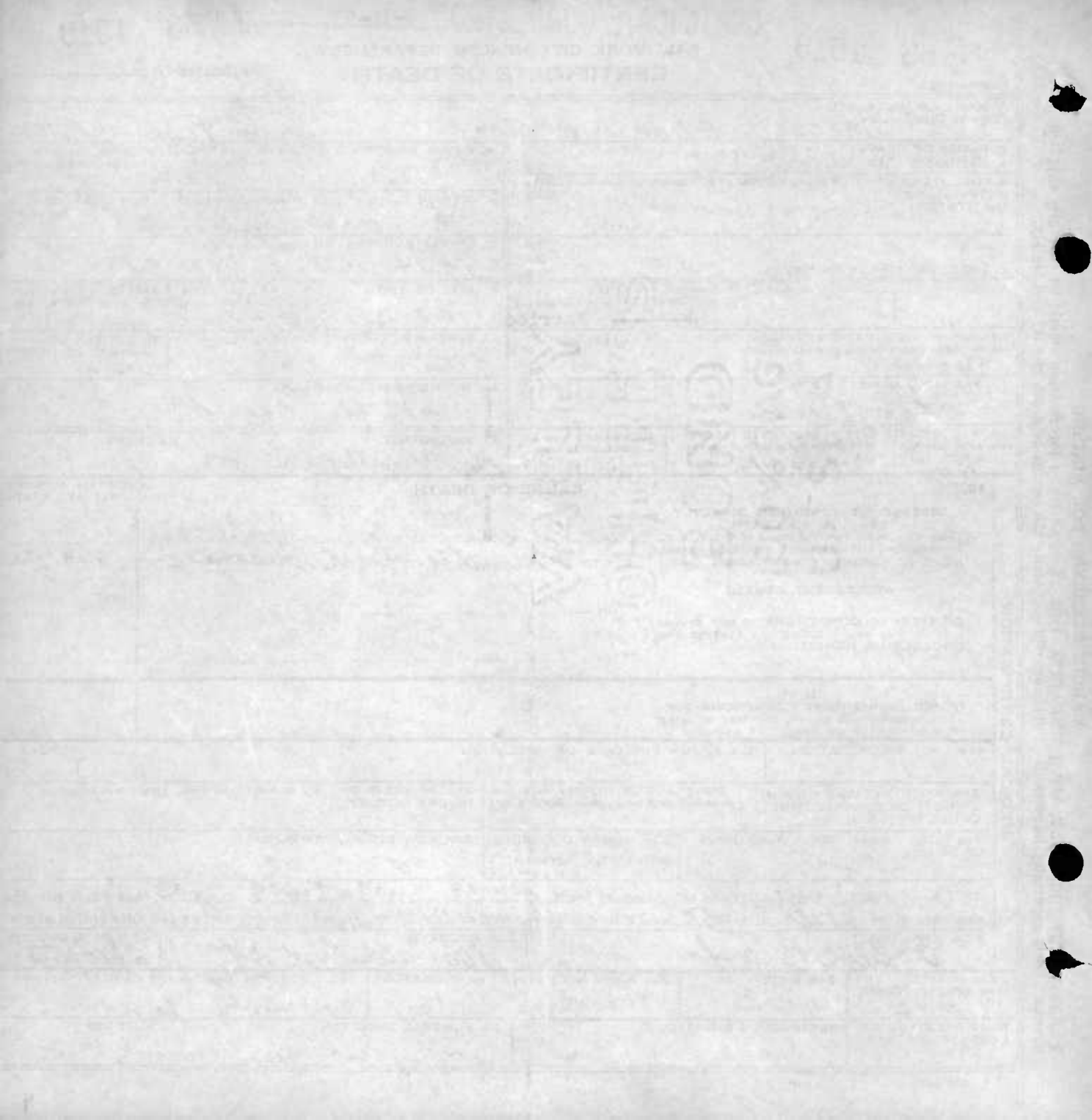
F.B. WIPPERT & SON 1300 Eutaw Pl. 17



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 1519		CERTIFICATE CORRECTED 2-16-53		53 1519	
BALTIMORE CITY HEALTH DEPARTMENT				Registered No. _____	
BIRTH NO. _____					
1. NAME OF DECEASED (Type or Print) DRESSEL, CHARLES LEONARD			2. DATE OF DEATH February 9, 1953		
3. PLACE OF DEATH: St. Agnes Hospital A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; if residence before admission) A. STATE md. B. COUNTY city		
5. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital Baltimore md.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-05		
C. Length of stay in Baltimore 34			D. STREET ADDRESS (If rural, give location) 2524 Wilkens Ave. #23		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE Married	8. DATE OF BIRTH 9-22-18	9. AGE (In years last birthday) 34	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FIREMAN		10B. KIND OF BUSINESS OR INDUSTRY Balto. Fire Dept.		11. BIRTHPLACE (State or foreign country) md.	
13. FATHER'S NAME CHAS. DRESSEL		14. MOTHER'S MAIDEN NAME MATHILDA BRANDT		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) YES		16. SOCIAL SECURITY NO. 21701-6166		17. INFORMANT ADDRESS Mrs. Thelma DRESSEL 2524 WILKENS AVE.	
18. 416x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO Pulmonary Embolism		(A) Rheumatic Heart disease		2-3 yrs	
ANTECEDENT CAUSES		(B) _____		_____	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO (C) _____		_____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____					
19A. DATE OF OPERATION NONE		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from Jan 19 , 19 53 , to Feb 9 , 19 53 , that I last saw the deceased alive on Feb 8 , 19 53 , and that death occurred at 11:13 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE Robert B. Taylor		23B. ADDRESS 700 Cathedral St		23C. DATE SIGNED 2/10/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 2-12-53		24C. NAME OF CEMETERY OR CREMATORY PARKWOOD CEMETERY	
24D. LOCATION (City, town, or county) BALTO. COUNTY, MARYLAND.		24E. FUNERAL DIRECTOR GEO. L. Schwab		24F. ADDRESS 2101 Frederick Ave.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 10 1953		REGISTRAR'S SIGNATURE H. E. Stansbury		25. FUNERAL DIRECTOR ADDRESS GEO. L. Schwab 2101 Frederick Ave.	



53 1520

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1520
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RICHARD BONNER

2. DATE
OF
DEATH

February 7, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

VA HOSPITAL

BALTIMORE 18, MARYLAND

C. CITY OR TOWN

BALTIMORE

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

908 N. GAY STREET

c. Length of stay in Baltimore

20

Yrs.

MOS
WEEK

5. SEX

MALE

6. COLOR OR RACE

NEGRO

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

August 1, 1900

9. AGE (in years
last birthday)

52

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR
INDUSTRY

NONE

11. BIRTHPLACE (State or foreign country)

LITTLETON, N. C.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

UNKNOWN

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

YES

10/30/42 -10/6/44

16. SOCIAL
SECURITY NO.

212-12-5406

17. INFORMANT

VA HOSPITAL RECORDS

ADDRESS

VAH, BALTO., 18, MD.

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) TUBERCULOSIS, PULMONARY, FAR ADVANCED

UNKNOWN

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

NONE

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

VA

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/6, 1953, to 2/7, 1953, and that death occurred at 11:20 a.m., from the causes and on the date stated above.

23A. SIGNATURE

J. J. T. V. C. G. I.

M. D.

23B. ADDRESS

VA HOSPITAL, BALTO. 18, MD.

23C. DATE SIGNED

2/9/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/12/53

24C. NAME OF CEMETERY OR CREMATORY

Balto. National

24D. LOCATION (City, town, or county)

5501 Frederick Ave.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

ILLINOIS DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

DEATH DATE

PLACE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

184

53 1521

53 1521

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Gabrielle Tyler Bayton*2. DATE
OF
DEATH*9 Feb 53*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)*3051 Seamon Ave*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 25-32

D. STREET ADDRESS (If rural, give location)

3051 Seamon Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

*Colored*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Married*

8. DATE OF BIRTH

26 March 20

9. AGE (In years

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Baltimore Md*12. CITIZEN OF
WHAT COUNTRY?*USA*

13. FATHER'S NAME

William A. Chapman

14. MOTHER'S MAIDEN NAME

*Gabrielle Neal*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*no*

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*William Bayton 3051 Seamon*18. *491X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

*Pneumonia bronchial*INTERVAL BETWEEN
ONSET AND DEATH*3 days*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *6-19*, 19*50*, to *9 Feb*, 19*53*, that I last saw the deceased alive on *9 Feb*, 19*53*, and that death occurred at *3:00 Pm.*, from the causes and on the date stated above.

23A. SIGNATURE

Renold B. H. H. H.

M. D.

23B. ADDRESS

501 Cherry Hill Rd.

23C. DATE SIGNED

9 Feb 53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

2/12/53

24C. NAME OF CEMETERY OR CREMATORY

Balta. National

24D. LOCATION (City, town, or county)

5501 Frederick Ave.

(State)

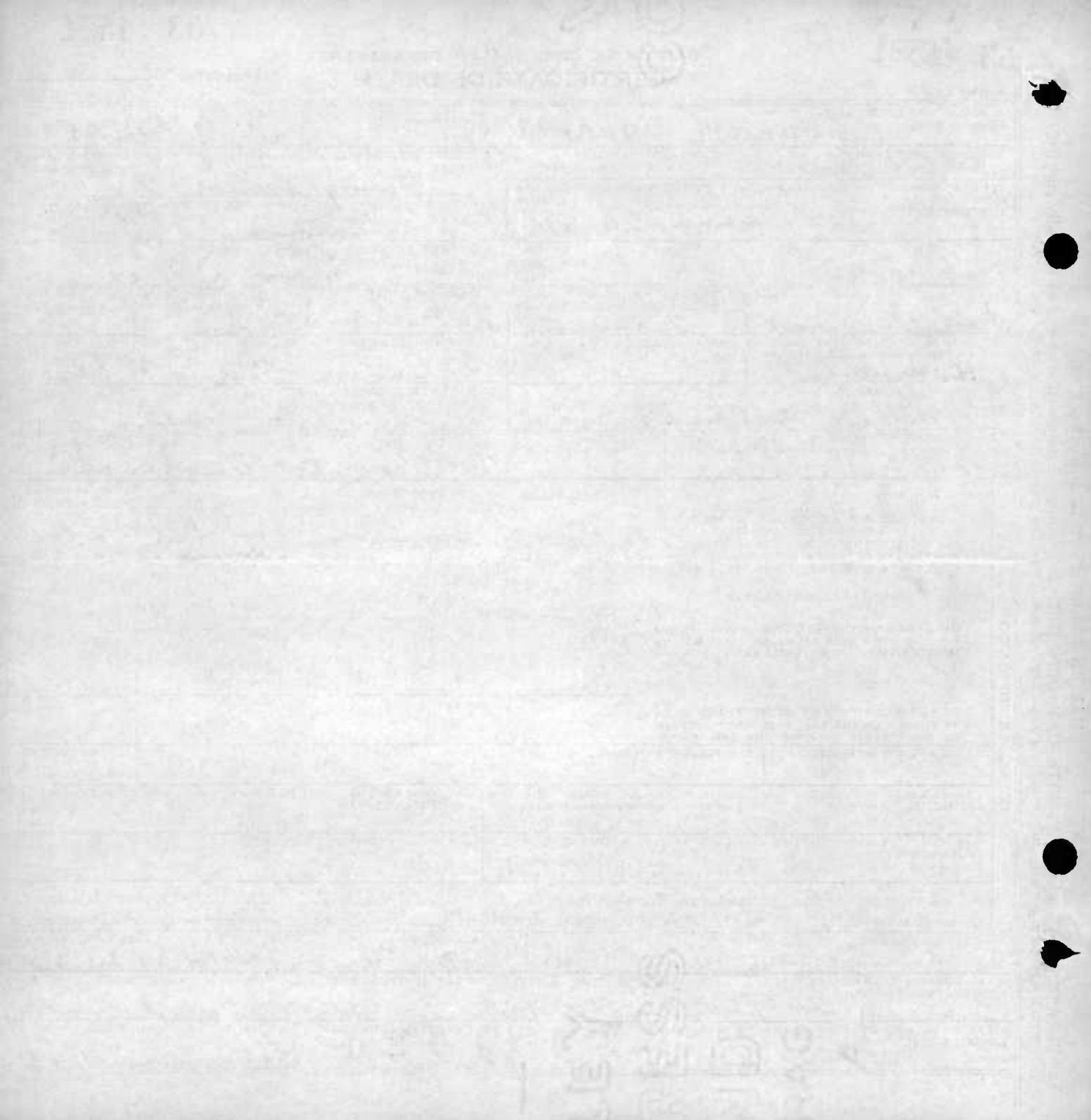
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*Feb 11 1953**H. H. H. H.**Charles J. Law**802 Madison Ave.*



500
53 1522BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1522

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

JAMES M. DONOHO

2. DATE
OF
DEATH10th Feb. '53.

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

MERCY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 12-07

D. STREET ADDRESS (If rural, give location)

104 West 25th St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

5th MAY 18959. AGE (in years;
last birthday)

57

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk.

10B. KIND OF BUSINESS OR
INDUSTRY

Revere Copper & BRASS

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JAMES M. DONOHO.

14. MOTHER'S MAIDEN NAME

Lela G. DRAIN.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

P

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Charles M. Suter - 104 W. 25th St.

18.

153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma of Sigmoid

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2/7/53

19B. MAJOR FINDINGS OF OPERATION

Ca of Sigmoid with metastases in Liver

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4th Feb., 1953, to 10th Feb., 1953, that I last saw the
deceased alive on 9th Feb., 1953, and that death occurred at 11:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. K. Quinn

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

12th Feb. 5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/13/53

24C. NAME OF CEMETERY OR CREMATORY

Cambridge Cem.

24D. LOCATION (City, town, or county)

Cambridge, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

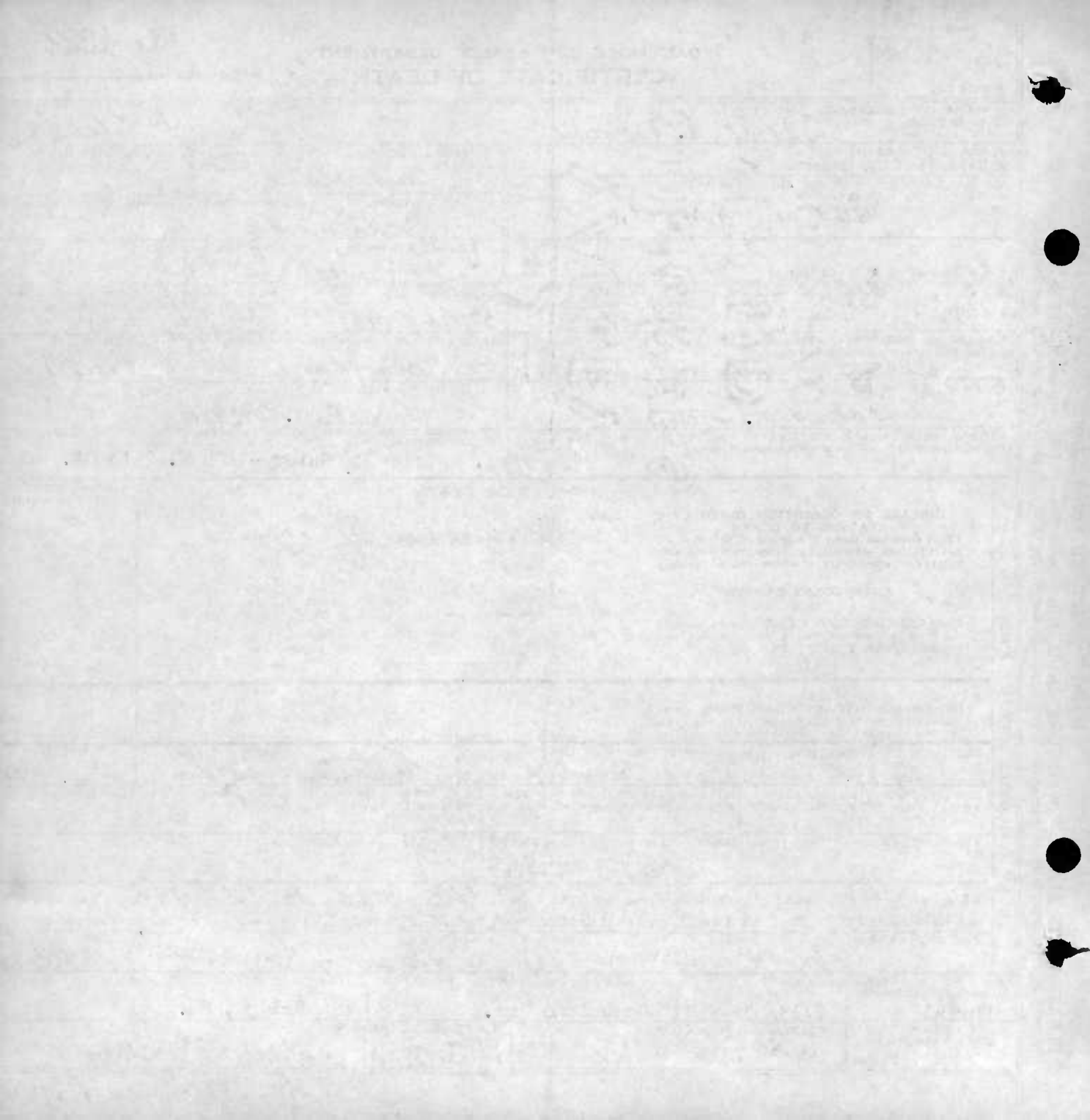
Thurston 5/13/53

25. FUNERAL DIRECTOR

J. S. Sicker & Sons

ADDRESS

Barto 17, Md.



MAF 7 161840
53 1523

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1523
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frances Bertha Duggan

2. DATE
OF
DEATH

2-6-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

California

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Baltimore City Hospital
4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Crestro Valley

D. STREET ADDRESS (If rural, give location)

17122 Redwood Rd.

c. Length of stay in Baltimore

20 yrs.

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Aug. 27, 1868

9. AGE (in years; last birthday)

84

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

?

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Thomas Simpkins

14. MOTHER'S MAIDEN NAME

Mary McVanman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Records: Baltimore City Hospital
4940 Eastern Ave

18.

420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arterio-sclerotic Heart Disease

1 yrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Myocardial Insufficiency

1 mos.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-7, 1952, to 2-6, 1953 that I last saw the deceased alive on 2-6, 1953, and that death occurred at 7:50 p. m., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Hunter

M. D.

23B. ADDRESS

4940 Eastern Ave, Balto. Md.

23C. DATE SIGNED

2-6-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

24B. DATE

2/11/53

24C. NAME OF CEMETERY OR CREMATORY

Green Mount Crematory

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Hunter

25. FUNERAL DIRECTOR

Wm. J. Pickner & Sons

ADDRESS

Balto 17, Md.

NEW YORK CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Name of Deceased		Sex		Age		Date of Birth		Place of Birth	
John Doe		Male		45		Jan 1, 1900		New York City	
Usual Residence		Occupation		Cause of Death		Date of Death		Place of Death	
123 Main St		Teacher		Heart Disease		Jan 15, 1945		New York City	
Physician		Attending Physician		Medical Examiner		Date of Examination		Place of Examination	
Dr. Smith		Dr. Jones		Dr. Brown		Jan 16, 1945		New York City	
Signature of Physician		Signature of Medical Examiner		Signature of Coroner		Signature of Registrar		Signature of Burial Officer	
[Signature]		[Signature]		[Signature]		[Signature]		[Signature]	
Date of Certificate		Place of Certificate		Signature of Registrar		Signature of Burial Officer		Signature of Coroner	
Jan 17, 1945		New York City		[Signature]		[Signature]		[Signature]	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

STEPHEN BRANDT PEDDICORD

2. DATE
OF
DEATH

Feb. 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

407 W. Lombard St.

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Oct. 29, 1897

9. AGE (In years
last birthday)

55

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Electrician

10B. KIND OF BUSINESS OR
INDUSTRY
Construction

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Stephen B. Peddicord

14. MOTHER'S MAIDEN NAME

Rachel --

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

219-16-4957

17. INFORMANT

ADDRESS

Mr. Stephen Peddicord - 1914 Grinnalds Av

18. 420.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Myocardial infarction

DUE TO Coronary artery sclerosis and
Hypertensive cardiovascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
M.D. ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
Feb. 10, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/12/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Wm. P. ...
1850

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 1525

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1525
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) GEORGE W. HOVERMALE		2. DATE OF DEATH Feb. 9, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Hood Nursing Home 5313 Edmondson Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1218 Oakhurst Place			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug. 30, 1879	9. AGE (In years last birthday) 73	10. Under 1 Year Months Days 11. Under 24 Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) motorman		10B. KIND OF BUSINESS OR INDUSTRY Transit Co.		11. BIRTHPLACE (State or foreign country) W. Va.	
13. FATHER'S NAME George Hovermale		14. MOTHER'S MAIDEN NAME Sarah Fearnow			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) none		16. SOCIAL SECURITY NO. none		17. INFORMANT ADDRESS Mrs. George Harmison - 4400 Pen Lucy Rd.	
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Cerebral Hemorrhage DUE TO (B) Hypertension DUE TO (C) Generalized Arterio Sclerosis		INTERVAL BETWEEN ONSET AND DEATH 1 week 6-7 yrs. 6-7 yrs.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 6		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-20 1948 , to 2-9-1953 , that I last saw the deceased alive on 2-9-1953 , and that death occurred at 8:45 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Thomas P. P. P.		23B. ADDRESS 2424 Easton Place		23C. DATE SIGNED 2-11-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/12/53		24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.	
24D. LOCATION (City, town, or county) (State) Woodlawn, Md.		25. FUNERAL DIRECTOR Wm. J. Pickner & Sons			
DATE RECEIVED BY LOCAL REGISTRAR FEB 11 1953		REGISTRAR'S SIGNATURE H. H. H.		ADDRESS Balto. 17, Md.	

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL
INVESTIGATION OF THE DEATH OF

REPORT

DATE

TIME

PLACE

CAUSE

MANNER

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

Marital Status

Family History

Medical History

Psychiatric History

Substance Use

Other Factors

Witnesses

Investigator

Signature

Date

Place

Time

Other

Remarks

Signature

Date

Place

Time

Other

53 1527

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1527
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

De Flavis, Mr Joseph (Joseph DeFlavis)

2. DATE
OF
DEATH

2-9-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Church Home & Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

c. Length of stay in Baltimore

45 Years

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3015 Mayfield Ave

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

JUN 24 1887

9. AGE (in years
last birthday)

65

10. Under 1 Year

6 Mos.

11. Under 24 Hours

15 Days

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Sailor

10B. KIND OF BUSINESS OR
INDUSTRY

Commercial

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

De Flavis, Peter

14. MOTHER'S MAIDEN NAME

De Stardi, Mrs Katherine

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL
SECURITY NO.
216-01-6482

17. INFORMANT

Son, Mr. Pat DeFlavis

ADDRESS

1532 W. Washington Street

18.

782.4

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) heart failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) possible bleeding ulcer

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

8 days

unknown

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-8, 1953, to 2-9, 1953, that I last saw the
deceased alive on 2-9, 1953, and that death occurred at 5 A.M., from the causes and on the date stated above.

23. SIGNATURE

[Signature]

M. D.

23B. ADDRESS

Church Home & Hospital

23C. DATE SIGNED

2-9-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 12, 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

Belair Rd. Balto: Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

George J. Ruth, Inc. - 1735 Harford Avenue

ADDRESS

VS 150

590 46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1951-52

RECEIVED FROM THE
STATE OF TEXAS

FOR THE YEAR 1951-52

Amount

100.00

John H. ...

100.00

100.00

100.00

100.00

100.00

100.00

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100.00

100.00

100.00

100.00

100.00

100.00

100.00

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100.00

100.00

RECEIVED

D120
53 1528

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1528
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Walter L DuBois</i>			2. DATE OF DEATH <i>Feb. 9, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>9611 W. Fayette St</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Balto</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>20-02</i>		
c. Length of stay in Baltimore <i>50</i>			D. STREET ADDRESS (If rural, give location) <i>9611 W. Fayette</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Jan 1, 1877</i>	9. AGE (In years last birthday) <i>76</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Watchman</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Standard Oil Co</i>		11. BIRTHPLACE (State or foreign country) <i>Alabama</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>			13. FATHER'S NAME <i>DuBois</i>		
14. MOTHER'S MAIDEN NAME <i>Don't know</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>Yes</i>		
16. SOCIAL SECURITY NO. <i>Spanish American</i>			17. INFORMANT <i>Charles</i>		
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) <i>Coronary thrombosis</i> DUE TO (B) <i>Arteriosclerotic CVS</i> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <i>3 hours</i> <i>Several years</i>
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		
21F. HOW DID INJURY OCCUR?			22. I hereby certify that I attended the deceased from <i>Jan 14</i> , 1948, to <i>Feb. 9</i> , 1953, that I last saw the deceased alive on <i>Feb. 9</i> , 1953, and that death occurred at <i>8:45 a.m.</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>Edward Gaff</i>			23B. ADDRESS <i>3101 W. Baltimore St.</i>		
23C. DATE SIGNED <i>2-10-53</i>			24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		
24B. DATE <i>Feb 12, 1953</i>			24C. NAME OF CEMETERY OR CREMATORY <i>Lorraine Cemetery</i>		
24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>			25. FUNERAL DIRECTOR <i>W. J. Evans</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 11 1953</i>			REGISTRAR'S SIGNATURE <i>H. J. Evans</i>		
25. ADDRESS <i>1400 Abbeville St</i>					

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE		4. DATE OF BIRTH		5. PLACE OF BIRTH	
6. OCCUPATION		7. MARITAL STATUS		8. COLOR		9. RELIGION		10. EDUCATION	
11. CAUSE OF DEATH		12. MANNER OF DEATH		13. PLACE OF DEATH		14. TIME OF DEATH		15. SIGNATURE OF DECEASED	
16. SIGNATURE OF WITNESS		17. SIGNATURE OF PHYSICIAN		18. SIGNATURE OF CLERK		19. SIGNATURE OF JUDGE		20. SIGNATURE OF SHERIFF	
21. SIGNATURE OF CORONER		22. SIGNATURE OF JURY		23. SIGNATURE OF JUDGE		24. SIGNATURE OF SHERIFF		25. SIGNATURE OF SHERIFF	
26. SIGNATURE OF SHERIFF		27. SIGNATURE OF SHERIFF		28. SIGNATURE OF SHERIFF		29. SIGNATURE OF SHERIFF		30. SIGNATURE OF SHERIFF	
31. SIGNATURE OF SHERIFF		32. SIGNATURE OF SHERIFF		33. SIGNATURE OF SHERIFF		34. SIGNATURE OF SHERIFF		35. SIGNATURE OF SHERIFF	
36. SIGNATURE OF SHERIFF		37. SIGNATURE OF SHERIFF		38. SIGNATURE OF SHERIFF		39. SIGNATURE OF SHERIFF		40. SIGNATURE OF SHERIFF	
41. SIGNATURE OF SHERIFF		42. SIGNATURE OF SHERIFF		43. SIGNATURE OF SHERIFF		44. SIGNATURE OF SHERIFF		45. SIGNATURE OF SHERIFF	
46. SIGNATURE OF SHERIFF		47. SIGNATURE OF SHERIFF		48. SIGNATURE OF SHERIFF		49. SIGNATURE OF SHERIFF		50. SIGNATURE OF SHERIFF	
51. SIGNATURE OF SHERIFF		52. SIGNATURE OF SHERIFF		53. SIGNATURE OF SHERIFF		54. SIGNATURE OF SHERIFF		55. SIGNATURE OF SHERIFF	
56. SIGNATURE OF SHERIFF		57. SIGNATURE OF SHERIFF		58. SIGNATURE OF SHERIFF		59. SIGNATURE OF SHERIFF		60. SIGNATURE OF SHERIFF	
61. SIGNATURE OF SHERIFF		62. SIGNATURE OF SHERIFF		63. SIGNATURE OF SHERIFF		64. SIGNATURE OF SHERIFF		65. SIGNATURE OF SHERIFF	
66. SIGNATURE OF SHERIFF		67. SIGNATURE OF SHERIFF		68. SIGNATURE OF SHERIFF		69. SIGNATURE OF SHERIFF		70. SIGNATURE OF SHERIFF	
71. SIGNATURE OF SHERIFF		72. SIGNATURE OF SHERIFF		73. SIGNATURE OF SHERIFF		74. SIGNATURE OF SHERIFF		75. SIGNATURE OF SHERIFF	
76. SIGNATURE OF SHERIFF		77. SIGNATURE OF SHERIFF		78. SIGNATURE OF SHERIFF		79. SIGNATURE OF SHERIFF		80. SIGNATURE OF SHERIFF	
81. SIGNATURE OF SHERIFF		82. SIGNATURE OF SHERIFF		83. SIGNATURE OF SHERIFF		84. SIGNATURE OF SHERIFF		85. SIGNATURE OF SHERIFF	
86. SIGNATURE OF SHERIFF		87. SIGNATURE OF SHERIFF		88. SIGNATURE OF SHERIFF		89. SIGNATURE OF SHERIFF		90. SIGNATURE OF SHERIFF	
91. SIGNATURE OF SHERIFF		92. SIGNATURE OF SHERIFF		93. SIGNATURE OF SHERIFF		94. SIGNATURE OF SHERIFF		95. SIGNATURE OF SHERIFF	
96. SIGNATURE OF SHERIFF		97. SIGNATURE OF SHERIFF		98. SIGNATURE OF SHERIFF		99. SIGNATURE OF SHERIFF		100. SIGNATURE OF SHERIFF	

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

CERTIFICATE CORRECTED 2-16-53

53 1529

53 1529

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ALFRED W. PEARCE

2. DATE
OF
DEATH

Feb. 11, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY _____

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1727 East 30th Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 9-06

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1727 East 30th Street

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
divorced

8. DATE OF BIRTH 1905
Mar. 9, 1906

9. AGE (in years last birthday)
46 47

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Chauffeur

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Dennis B. Pearce

14. MOTHER'S MAIDEN NAME

Blanche Mobray

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowns) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mr. Dennis B. Pearce, 1727 E. 30th

18. 581.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Acute Coragative Heart Failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C) DUE TO

Hypertensive Cardio-Vascular Disease
Chronic
Alcoholism

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1945, to Feb. 11, 1953 that I last saw the deceased alive on Feb 5, 1953, and that death occurred at 7:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

H. B. Stevens

M. O.

23B. ADDRESS

3400 Erdman Ave

23C. DATE SIGNED

2/11/53

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

2/14/53

24C. NAME OF CEMETERY OR CREMATORY

Fork Christian Cem.

24D. LOCATION (City, town, or county)

Fork, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurman J. Ruck

25. FUNERAL DIRECTOR

ADDRESS

Thurman J. Ruck, 5305 Harford Road.

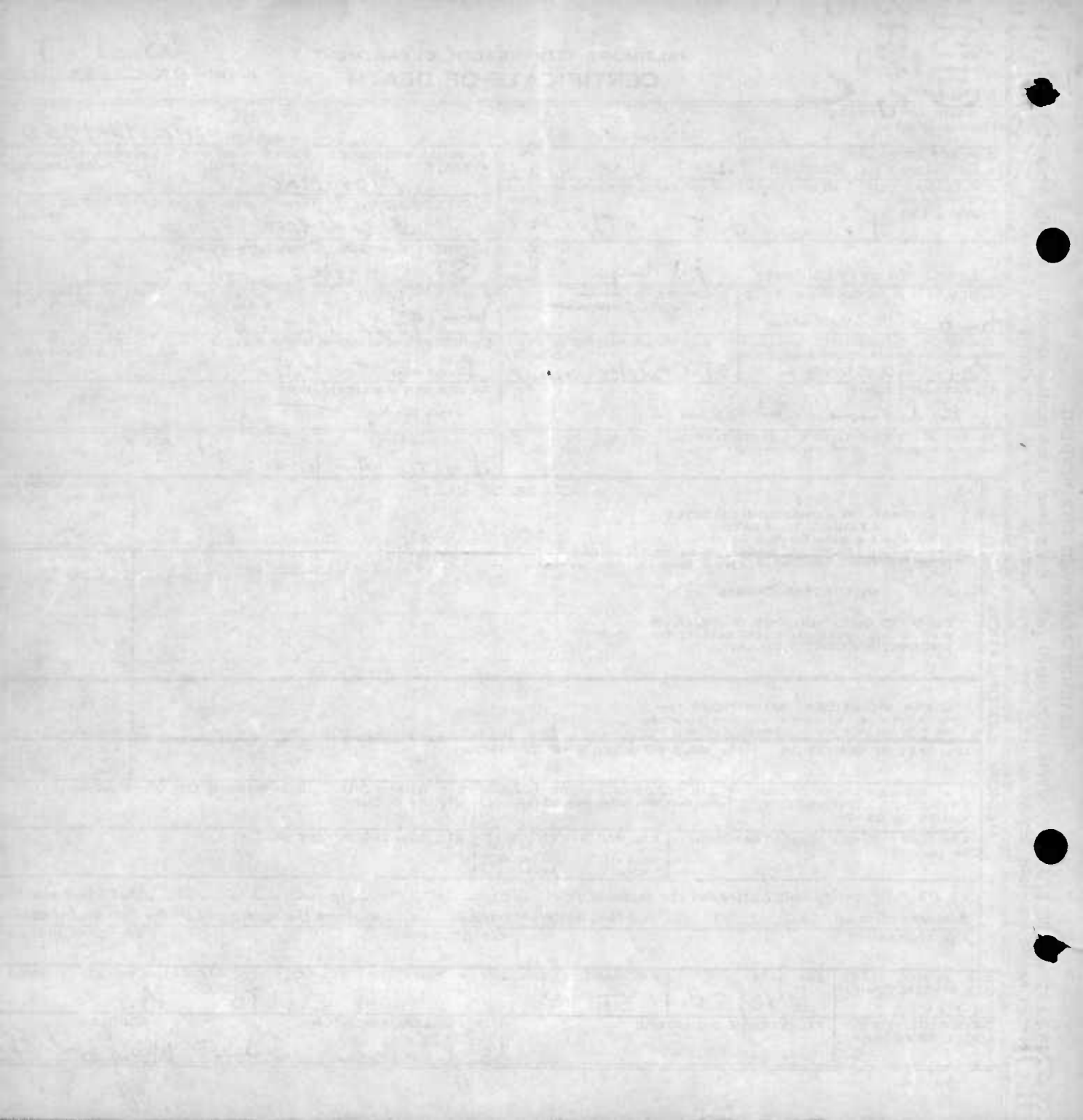
W-420
53 1530BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1530
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Edward Willis</i>			2. DATE OF DEATH <i>Feb 10-1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1200 Valley St</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Little Sisters of the Poor</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore <i>13 days</i>			D. STREET ADDRESS (If rural, give location) <i>ST Charles College</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Jan 29th 1870</i>	9. AGE (In years, last birthday) <i>83</i>	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Ret. gardener</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>ST. Charles College</i>	11. BIRTHPLACE (State or foreign country) <i>Bethesda - Md.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Edward Willis</i>			14. MOTHER'S MAIDEN NAME <i>Mary</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Little Sisters of the Poor</i> ADDRESS		

18. <i>422.1</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Chronic Myocarditis</i>		<i>1 year</i>	
DUE TO					
ANTECEDENT CAUSES		(B) <i>Arterio Sclerosis</i>		<i>5 yrs</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Feb-1</i> , 19 <i>53</i> , to <i>Feb-10</i> , 19 <i>53</i> that I last saw the deceased alive on <i>Feb-9</i> , 19 <i>53</i> , and that death occurred at <i>130 A. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>E. Gell Hall M.D.</i>		23B. ADDRESS <i>1631 E North Ave</i>		23C. DATE SIGNED <i>2/10/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>2/13/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>ST Mary's</i>	
24D. LOCATION (City, town, or county) <i>BALTO Md</i>		24E. FUNERAL DIRECTOR <i>Huntington St. 1314</i>		24F. ADDRESS <i>5305 Harford Rd</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 11 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington St. 1314</i>		24G. ADDRESS <i>5305 Harford Rd</i>	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 1531
Registered No.

M-320
53 1531
BIRTH NO.

1. NAME OF DECEASED (Type or print) WILLIAM MEADS		2. DATE OF DEATH 2/8/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE md B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION 2200 Sidney Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 25-33	
6. Length of stay in Baltimore #5		D. STREET ADDRESS (If rural, give location) 2200 Sidney Ave	
7. SEX Male	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	10. DATE OF BIRTH 1877
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chipper		12. KIND OF BUSINESS OR INDUSTRY STEEL CO	
13. FATHER'S NAME ?		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 216-03-0014	
17. INFORMANT- Walter Simering		ADDRESS 6337 Augusta	
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic DUE TO Heart Disease ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. none		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB. UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an Inquiry + Inspection and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died of the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE Francis J. Januszko		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED 2/8/53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/11/53	
24C. NAME OF CEMETERY OR CREMATORY Gandon Park Cem		24D. LOCATION (City, town, or county) (State) Frederick Rd Md	
25. FUNERAL DIRECTOR Bernard O'Haire		ADDRESS 1000 S. Paca St	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1533
Registered No. 53 1533

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDWARD S. TRAGER

2. DATE
OF
DEATH Feb. 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

26-03

D. STREET ADDRESS (If rural, give location)

3401 Juneway Street

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

D

8. DATE OF BIRTH

Jan. 29, 1901

9. AGE (In years
last birthday)

51

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Navy

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Trager

14. MOTHER'S MAIDEN NAME

Elizabeth Moersberger

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

Navy

16. SOCIAL
SECURITY NO.

none

17. INFORMANT ADDRESS

Mrs. Emma Maseth, 3401 Juneway

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary artery sclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. P. Fisher M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
Feb. 10, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 13/53.

24C. NAME OF CEMETERY OR CREMATORY

Balto. Cem.

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

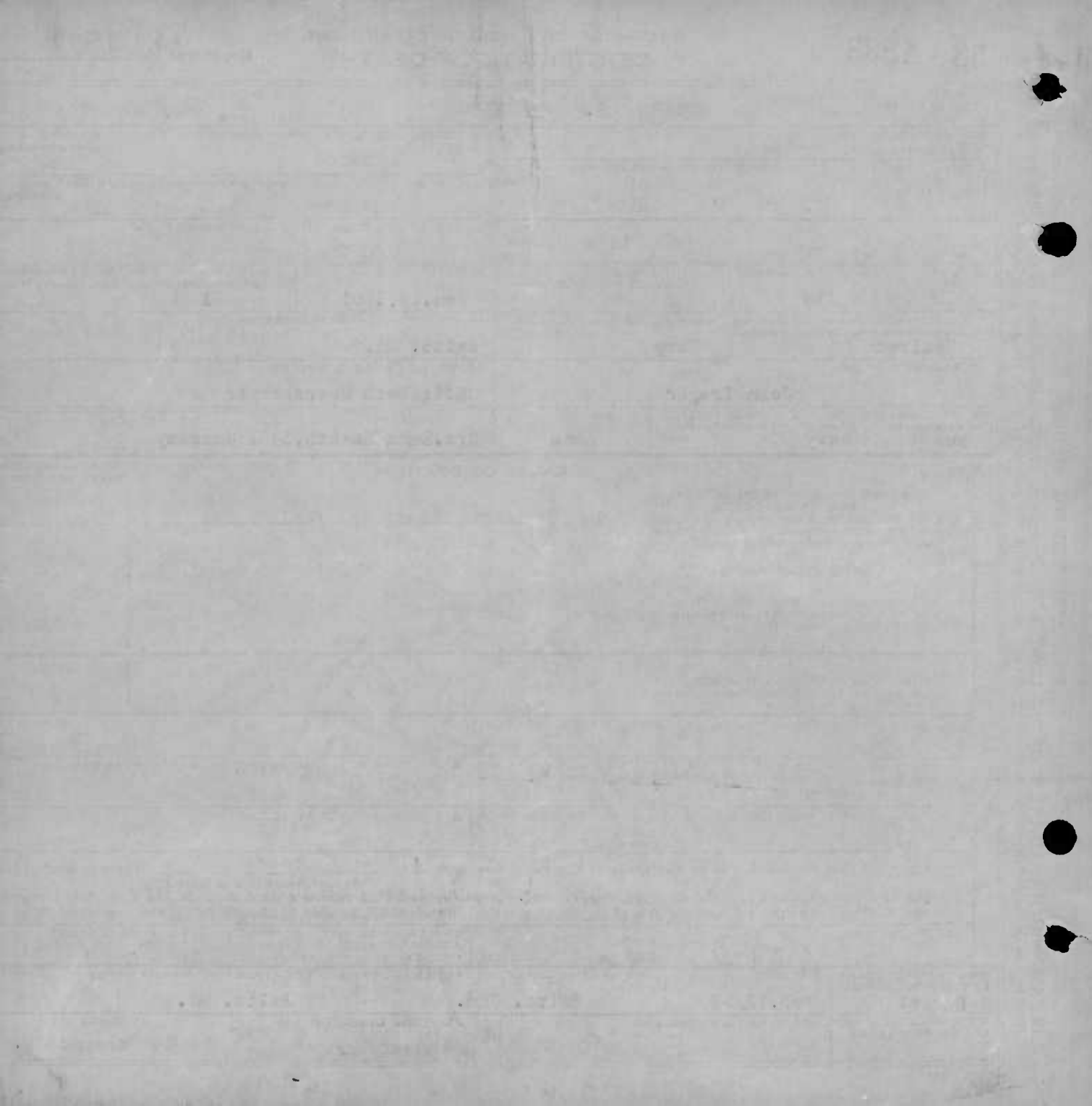
H. J. 5 3 0 2 2

25. FUNERAL DIRECTOR

B. J. 5 3 0 2 2

ADDRESS

2024 Orleans St.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1534

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CRYSTAL STEWART

2. DATE
OF
DEATH

2-7-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MD.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

MD. General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 25-05

D. STREET ADDRESS (If rural, give location)

1608 PLUM. ST

c. Length of stay in Baltimore

10

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

AUG. 17, 1913

9. AGE (In years last birthday)

39

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SEAMSTRESS

10B. KIND OF BUSINESS OR INDUSTRY

MARLBORO SHIRT

11. BIRTHPLACE (State or foreign country)

VA.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

W. E. MABRY

14. MOTHER'S MAIDEN NAME

NOT KNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

224-14-1461

17. INFORMANT

ADDRESS

FRANK CAMPBELL 1608 PLUM. ST

18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Hypertensive Heart Disease

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. F. Fisher

23B. CHIEF MEDICAL EXAMINER... ASSISTANT MEDICAL EXAMINER... MEDICAL INVESTIGATOR

23C. DATE SIGNED

2-8-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

24B. DATE

2/12/53

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

WITHVILLE, VIRGINIA

DATE RECEIVED BY LOCAL REGISTRAR

FEB 11 1953

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

ADDRESS

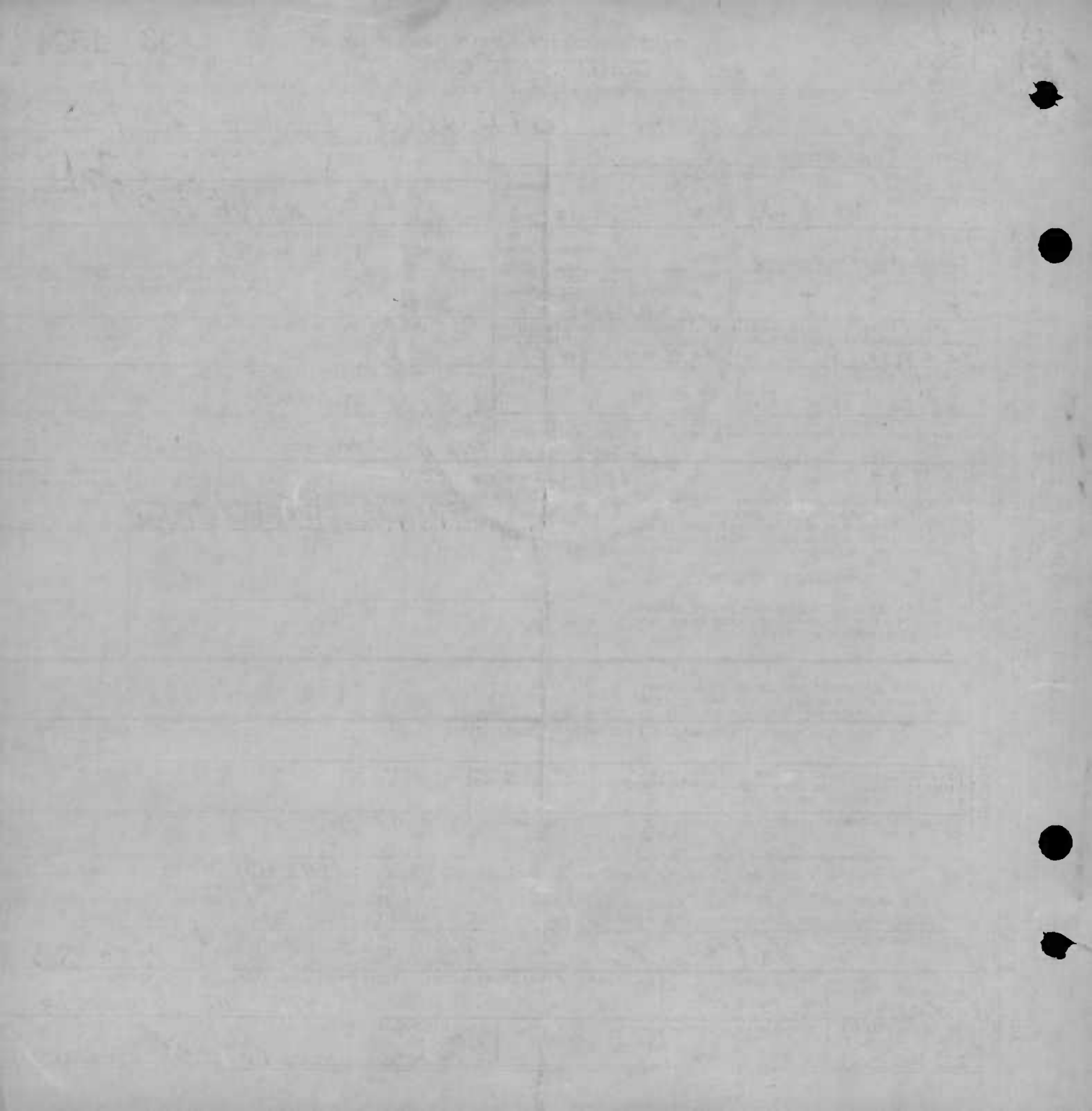
C. F. Hoffmann 1639 N. Broadway

V S 151

69046

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1535

53 1535
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

James Dent

2. DATE
OF
DEATH

Feb. 9, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1444 N. Mount St.

C. CITY OR TOWN (If outside corporate limits, write R.R. and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

1444 N. Mount St.

c. Length of stay in Baltimore

?

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Sep

8. DATE OF BIRTH

5-27-93

9. AGE (In years last birthday)

59

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Davis Chemicals

11. BIRTHPLACE (State or foreign country)

Charlotte Hall, Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

James Dent

14. MOTHER'S MAIDEN NAME

Mary Henderson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Wm Dent

ADDRESS

1357 N. Gilmer St.

18. 492X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

VIRUS PNEUMONIA

DUE TO

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

CARDIO VASCULAR

?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from FEB 9, 1953 to FEB 9, 1953, that I last saw the deceased alive on FEB 9, 1953, and that death occurred at 7:30 P. m., from the causes and on the date stated above.

23A. SIGNATURE

William Frey

M. D.

23B. ADDRESS

1928 Penna Ave

23C. DATE SIGNED

2/11/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/1/53

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 11 1953

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Geo. E. Jelen

ADDRESS

1303 Presstman St.

STATEMENT OF DEATH

NAME OF DECEASED

AGE

SEX

RACE

DATE OF DEATH

PLACE OF DEATH

Cause of Death

Signature of Physician

Signature of Coroner

Signature of Registrar

Signature of Witness

Signature of Deceased

Signature of Family

Signature of Minister

Signature of Burial

Signature of Interment

Signature of Burial

Signature of Interment

Signature of Burial

Signature of Interment

Signature of Burial

Signature of Interment

Signature of Burial

Signature of Interment

Signature of Burial

Signature of Interment

Signature of Burial

Signature of Interment

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **1536**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY R. BUTLER

2. DATE
OF
DEATH

Feb. 9, 53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE **Md.** B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

206 N. Mount St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto.

D. STREET ADDRESS (If rural, give location)

206 N. Mount St.

c. Length of stay in Baltimore

?

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

1869

9. AGE (In years last birthday)

84

Under 1 Year
Months Days

Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

O.A.P

11. BIRTHPLACE (State or foreign country)

St Mary's Co. Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Wm Clark

14. MOTHER'S MAIDEN NAME

Henrietta Young

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

ADDRESS

Lucy M. Carter 206 N. Mount St.

18. **443X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Hypertensive Heart

INTERVAL BETWEEN ONSET AND DEATH

4 years

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10-4-1952** to **2-9-53**, that I last saw the deceased alive on **2-7-53**, and that death occurred at **8:30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

George C. Page

M. D.

1816 N. Mount St.

2-11-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/ /53

24C. NAME OF CEMETERY OR CREMATORY

St Peters

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 11 1953

Huntington

Geo. G. Kelson 1303 Presstman St.

Geo. G. Kelson

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

I. DECEASED		II. CAUSE OF DEATH	
NAME OF DECEASED		IMMEDIATE CAUSE OF DEATH	
AGE		MANNER OF DEATH	
SEX		DISEASE OR INJURY	
RACE		DISEASE OR INJURY	
DATE OF BIRTH		DISEASE OR INJURY	
DATE OF DEATH		DISEASE OR INJURY	
PLACE OF BIRTH		DISEASE OR INJURY	
PLACE OF DEATH		DISEASE OR INJURY	
OCCUPATION		DISEASE OR INJURY	
EDUCATION		DISEASE OR INJURY	
MARRIAGE		DISEASE OR INJURY	
RELIGION		DISEASE OR INJURY	
SOCIETY		DISEASE OR INJURY	
FAMILY		DISEASE OR INJURY	
CITY		DISEASE OR INJURY	
COUNTY		DISEASE OR INJURY	
STATE		DISEASE OR INJURY	
COUNTRY		DISEASE OR INJURY	
WORLD		DISEASE OR INJURY	
UNIVERSE		DISEASE OR INJURY	
COSMOS		DISEASE OR INJURY	
HEAVENS		DISEASE OR INJURY	
EARTH		DISEASE OR INJURY	
SEA		DISEASE OR INJURY	
AIR		DISEASE OR INJURY	
FIRE		DISEASE OR INJURY	
WATER		DISEASE OR INJURY	
LAND		DISEASE OR INJURY	
SKY		DISEASE OR INJURY	
SPACE		DISEASE OR INJURY	
TIME		DISEASE OR INJURY	
MATTER		DISEASE OR INJURY	
ENERGY		DISEASE OR INJURY	
FORCE		DISEASE OR INJURY	
MOTION		DISEASE OR INJURY	
REST		DISEASE OR INJURY	
CHANGE		DISEASE OR INJURY	
CONSTANCY		DISEASE OR INJURY	
VARIATION		DISEASE OR INJURY	
STABILITY		DISEASE OR INJURY	
INSTABILITY		DISEASE OR INJURY	
PERMANENCE		DISEASE OR INJURY	
TEMPERARINESS		DISEASE OR INJURY	
DURATION		DISEASE OR INJURY	
BRIEFNESS		DISEASE OR INJURY	
LONGEVITY		DISEASE OR INJURY	
MORTALITY		DISEASE OR INJURY	
IMMORTALITY		DISEASE OR INJURY	
LIFE		DISEASE OR INJURY	
DEATH		DISEASE OR INJURY	
EXISTENCE		DISEASE OR INJURY	
NON-EXISTENCE		DISEASE OR INJURY	
REALITY		DISEASE OR INJURY	
VIVIDNESS		DISEASE OR INJURY	
DIMINUTIVENESS		DISEASE OR INJURY	
GREATNESS		DISEASE OR INJURY	
SMALLNESS		DISEASE OR INJURY	
HIGHER		DISEASE OR INJURY	
LOWER		DISEASE OR INJURY	
SUPERIOR		DISEASE OR INJURY	
INFERIOR		DISEASE OR INJURY	
BETTER		DISEASE OR INJURY	
WORSE		DISEASE OR INJURY	
FAVORABLE		DISEASE OR INJURY	
UNFAVORABLE		DISEASE OR INJURY	
GOOD		DISEASE OR INJURY	
BAD		DISEASE OR INJURY	
WELL		DISEASE OR INJURY	
POOR		DISEASE OR INJURY	
HEALTHY		DISEASE OR INJURY	
UNHEALTHY		DISEASE OR INJURY	
LIVE		DISEASE OR INJURY	
DIE		DISEASE OR INJURY	
SURVIVE		DISEASE OR INJURY	
PERISH		DISEASE OR INJURY	
LAST		DISEASE OR INJURY	
FIRST		DISEASE OR INJURY	
BEGINNING		DISEASE OR INJURY	
END		DISEASE OR INJURY	
START		DISEASE OR INJURY	
FINISH		DISEASE OR INJURY	
ORIGIN		DISEASE OR INJURY	
TERMINATION		DISEASE OR INJURY	
SOURCE		DISEASE OR INJURY	
RESULT		DISEASE OR INJURY	
CAUSE		DISEASE OR INJURY	
EFFECT		DISEASE OR INJURY	
REASON		DISEASE OR INJURY	
CONSEQUENCE		DISEASE OR INJURY	
ISSUE		DISEASE OR INJURY	
RESULT		DISEASE OR INJURY	
END		DISEASE OR INJURY	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 1537

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Henry HARRIS

2. DATE
OF
DEATH

2/7/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1328 McCulloch St

C. CITY OR TOWN

Balto

D. STREET ADDRESS (If rural, give location)

1328 McCulloch St

c. Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

1877

9. AGE (In years last birthday)

75

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

O. A. P.

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Henry Harris Sr

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Helen Harper

ADDRESS

1733 Penna Ave

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Arteriosclerotic Cardio-vascular Disease

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

11
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

J. R. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER... ASSISTANT MEDICAL EXAMINER... MEDICAL INVESTIGATOR...

23C. DATE SIGNED

2/8/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

2/12/53

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn Balto

24D. LOCATION (City, town, or county)

Md

DATE RECEIVED BY LOCAL REGISTRAR

FEB 11 1953

REGISTRAR'S SIGNATURE

H. J. Fisher

25. FUNERAL DIRECTOR

Geo. G. Nelson

ADDRESS

1303 Chestnut

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1538

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) *Henry Madison*2. DATE OF DEATH *Feb 10-53*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *2101 W Cold Springs Lane*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE *MD* B. COUNTY *Bethesda* CITY OR TOWN *27-15* (If outside corporate limits, write RURAL and give township)B. FULL NAME OF HOSPITAL OR INSTITUTION *2101 W. Cold Springs Lane*

D. STREET ADDRESS (If rural, give location)

*2101 cold springs lane*5. SEX *M.*6. COLOR OR RACE *C.*7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *widowed*8. DATE OF BIRTH *7*9. AGE (In years, last birthday) *60* If Under 1 Year Months: Days If Under 24 Hours Hours: Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Laboree*10B. KIND OF BUSINESS OR INDUSTRY *on General*11. BIRTHPLACE (State or foreign country) *va*12. CITIZEN OF WHAT COUNTRY? *U.S.A.*13. FATHER'S NAME *P*14. MOTHER'S MAIDEN NAME *P*15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) *no* (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT *Robert Madison* ADDRESS *Penue St*18. *351X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Spastic Paraplegia

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

*?*II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION *0*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Feb 9 1953* to *Feb 10 1953*, that I last saw the deceased alive on *Feb 9 1953*, and that death occurred at *9 a.m.*, from the causes and on the date stated above.23A. SIGNATURE *R. Johnson*23B. ADDRESS *403 Medical Arts Bldg*23C. DATE SIGNED *2-10-53*24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial*24B. DATE *2/11/53*24C. NAME OF CEMETERY OR CREMATORY *Fryman av.*24D. LOCATION (City, town, or county) (State) *Bruner Edward Co. MD*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE *Huntington*

25. FUNERAL DIRECTOR

ADDRESS

*FEB 11 1953**Thygeson & Sons* *403 Wilson Ave* *Baltimore*

VS 150

97099

8551 27

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 1539**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**ALFRED C. JONES**2. DATE OF DEATH **February 7, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Balto. City**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION**Provident Hospital**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

428 N. Calhoun St.c. Length of stay in Baltimore **50 yrs.**Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

9. AGE (In years last birthday)

61If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Engineer

10B. KIND OF BUSINESS OR INDUSTRY

Sever

11. BIRTHPLACE (State or foreign country)

Va

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Edward Jones

14. MOTHER'S MAIDEN NAME

Mervin Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT **Alveta Johnson** ADDRESS **428 N. Calhoun St.**18. **E812.4**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Pulmonary Embolism

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

**Thrombophlebitis - Rt. Leg
FRACTURE - RT FEMUR**

(C)

INTERVAL BETWEEN ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Leslie and Baker Sts.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Dec. 31, 1952

m.

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian hit by auto.22. I certify that I took charge of the remains described above, held an **AUTOPSY** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED **February 7, 1953**

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/11/53

24C. NAME OF CEMETERY OR CREMATORY

Arbutus

24D. LOCATION (City, town, or county)

Balto. Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 11 1953

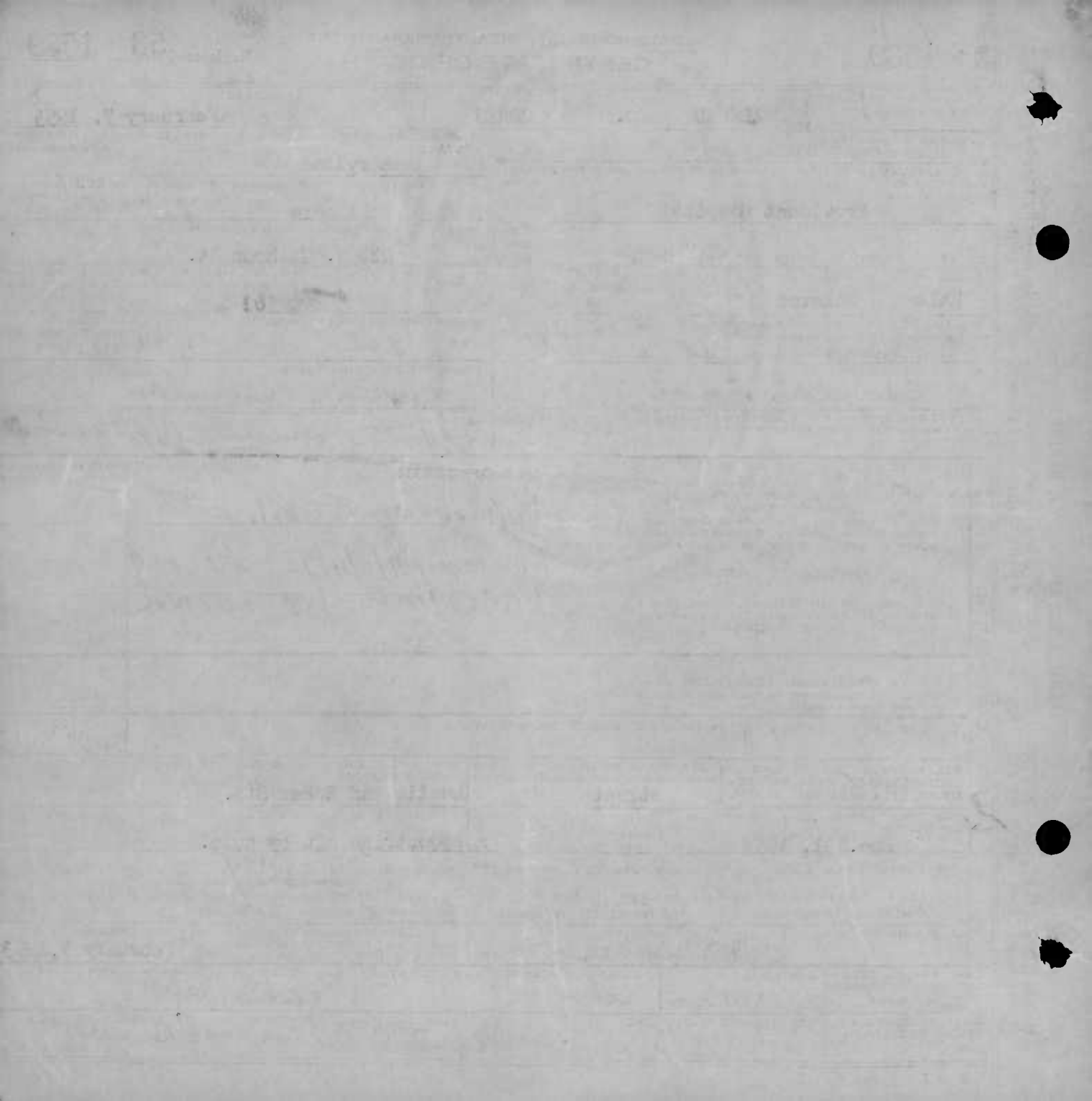
REGISTRAR'S SIGNATURE

H. Fisher

25. FUNERAL DIRECTOR

Chas. E. Wilson 1100 Broadway

ADDRESS



652
53 1540BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1540
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ada Stowell French

2. DATE
OF
DEATH

2/9/1953 3:05 a.m.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Md

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

200 Homewood Terrace

C. CITY OR TOWN

(If outside corporate limits, with RURAL and give township)

Balto

D. STREET ADDRESS (If rural, give location)

200 Homewood Terrace

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9/29/1871

9. AGE (In years last birthday)

81

If Under 1 Year

Months: Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Balto., Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joseph Wm Stowell

14. MOTHER'S MAIDEN NAME

Josephine Nichols

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

200 ADDRESS
Albert A French Homewood Ter.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cerebral-Renal disease

DUE TO

(C)

Nov 30, 1951

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 30, 1951, to Feb 9, 1953, that I last saw the deceased alive on Feb 8, 1953, and that death occurred at 3:09 a.m., from the causes and on the date stated above.

23A. SIGNATURE

H. A. Only

23B. ADDRESS

817 Medical Art Bldg.

23C. DATE SIGNED

2/10/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/12/53

24C. NAME OF CEMETERY OR CREMATORY

U.S. National

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 11 1953

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

ADDRESS

1217 St. Paul St.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 1541**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CAROLYN C. COFFIN

2. DATE
OF
DEATH

February 9, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE
Maryland

B. COUNTY before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

21 York Court

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1420 Bolton Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

March 30, 1889

9. AGE (In years

last birthday)

63

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Secretary

10B. KIND OF BUSINESS OR INDUSTRY

Auto Trade Assn.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Bowen

14. MOTHER'S MAIDEN NAME

Emma Meade

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Robert Sutton, 21 York Court

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Adeno-Carcinoma of the
cecum & ascending colon

2 mo. +

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Pulmonary embolus

15 min

19A. DATE OF OPERATION

Jan. 3, 1953

19B. MAJOR FINDINGS OF OPERATION

Adeno-Carcinoma of cecum & ascending colon

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 8, 1952, to Feb. 9, 1953, that I last saw the deceased alive on Feb. 9, 1953, and that death occurred at 7:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Dwight M. Currie

M. D.

23B. ADDRESS

11 E. Chase St. Balto. 3, Md.

23C. DATE SIGNED

2-9-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

2/12/53

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Parkville,

(State)

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 11 1953

REGISTRAR'S SIGNATURE

Huntington B. Bowers, Jr.

25. FUNERAL DIRECTOR

H. M. 5th St. Balto.

ADDRESS

1217 St. Paul Street

STATE OF NEW YORK

County of _____

City of _____

In SENATE,

January 1, 1901.

Report of _____

of _____

to the _____

of the _____

of the _____

of the _____

of the _____

of the _____

of the _____

of the _____

of the _____

of the _____

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

FVJ

BIRTH NO. 88346

1. NAME OF DECEASED
(Type or Print)

George Watson

2. DATE
OF
DEATH

2-9-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION location)

Baltimore City Hospitals

4940 Eastern Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

420 East 20th Street

c. Length of stay in Baltimore

70 years

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Aug. 21, 1868

9. AGE (In years
last birthday)

84

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Ret. Armature Winder

10B. KIND OF BUSINESS OR
INDUSTRY

Rowan Controler Co.

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Benjamin Watson

14. MOTHER'S MAIDEN NAME

Elizabeth Sinclair

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

B. C. H. 4940 Eastern Ave. (record)

ADDRESS

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Myocardial Infarction

DUE TO

2 1/2 wks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Heart Disease

DUE TO

?

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-3-1944, to 2-9-1953, that I last saw the
deceased alive on 2-9-1953, and that death occurred at 3:15 P. from the causes and on the date stated above.

23A. SIGNATURE

H. J. H. H. H.

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

2-9-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

2/12/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington 151324 12/12/53

25. FUNERAL DIRECTOR

ADDRESS

1217 St. Paul Street

100-100

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

1906

PLANT INDUSTRY

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PLANT INDUSTRY

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1543

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Romuald Withowski

2. DATE
OF
DEATH

Feb 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Wisconsin

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
MilwaukeeD. STREET ADDRESS (If rural, give location)
1620 S. 58th St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

7-12-1948

9. AGE (In years
last birthday)

4

If Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Stanley Withowski

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
JOHNS HOPKINS HOSPITAL

18. 754.3

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Cardiac Failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Auricular Septal Defect

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/5, 1953, to 2/10, 1953, that I last saw the
deceased alive on 2/10, 1953, and that death occurred at 11:40 P.M., from the causes and on the date stated above.

23A. SIGNATURE

George J. Flynn

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2/11/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Feb 11/53

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)
Milwaukee Wis.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Address 2024
Chapman & Sons Orleans

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY



1. Name of the plant or material: *...*

2. Source of the material: *...*

3. Date of collection: *...*

4. Locality: *...*

5. Collector: *...*

6. Description of the material: *...*

7. Remarks: *...*

8. Name of the person to whom the material was sent: *...*

9. Date of receipt: *...*

10. Name of the person who received the material: *...*

11. Name of the person who sent the material: *...*

12. Name of the person who collected the material: *...*

13. Name of the person who identified the material: *...*

14. Name of the person who analyzed the material: *...*

15. Name of the person who prepared the report: *...*

16. Name of the person who reviewed the report: *...*

17. Name of the person who approved the report: *...*

18. Name of the person who signed the report: *...*

19. Name of the person who filed the report: *...*

20. Name of the person who distributed the report: *...*

27/10/2

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1544

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES A TOLLE

2. DATE OF DEATH FEB: 9 :1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MARYLAND

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION WINDSOR NURSING HOME

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore City

3025 Windsor Ave..

D. STREET ADDRESS (If rural, give location)

2658 Lehman Street

C. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

July 8:1866

9. AGE (In years last birthday)

86

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR INDUSTRY

Building

11. BIRTHPLACE (State or foreign country)

Baltimore Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Charles A. Tolle

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No.

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Matilda M. Shaffer-2658 Lehman St.

18. 491X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Bronchopneumonia

5 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerosis, generalized

20 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 9, 1952, to Feb. 9, 1953, that I last saw the deceased alive on Feb. 8, 1953, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Abraham B. Hurwitz

23B. ADDRESS

3048 West North Ave.

23C. DATE SIGNED

2/10/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb:12:53

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cem.

24D. LOCATION (City, town, or county)

Woodlawn Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

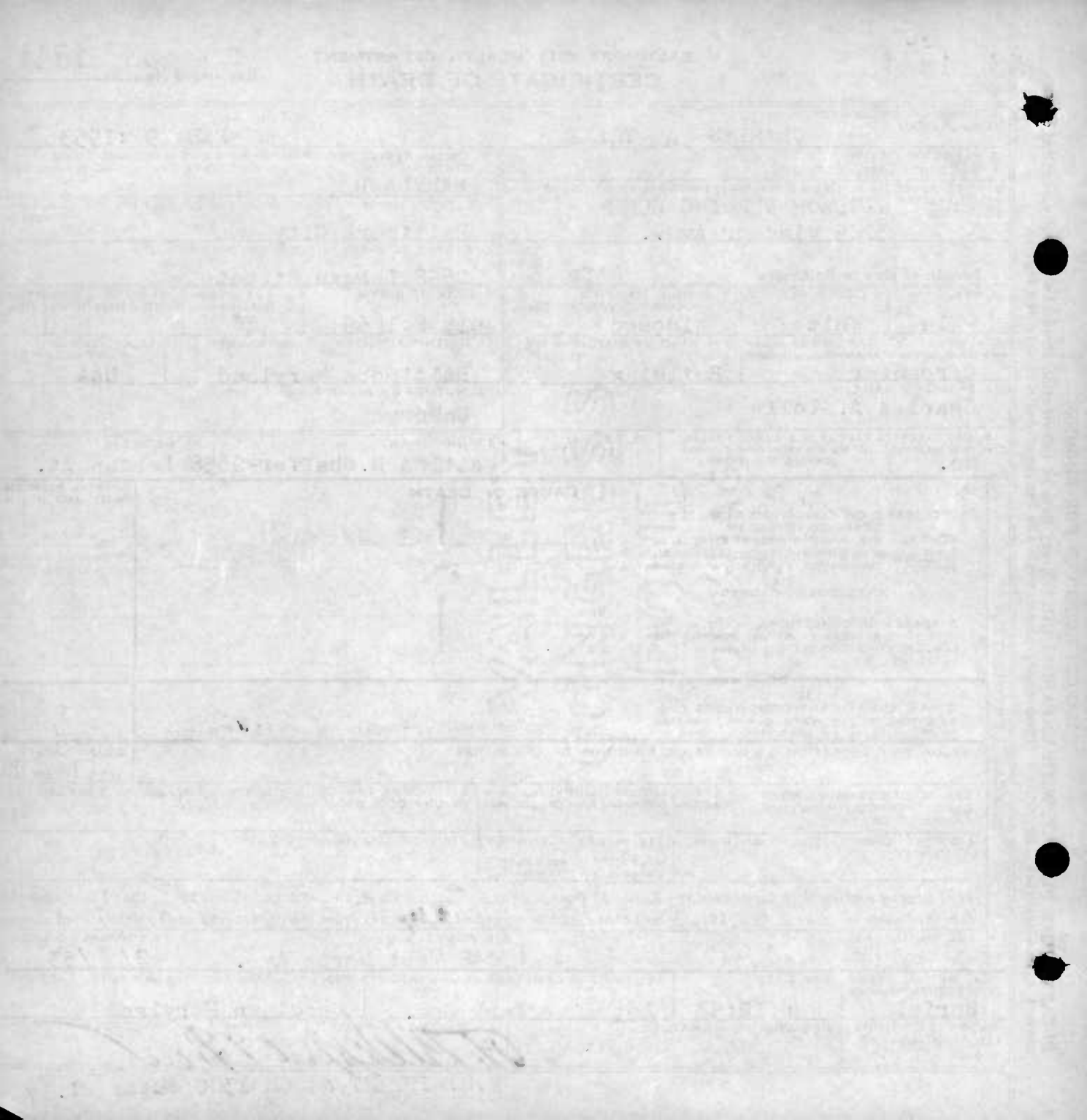
Huntington

25. FUNERAL DIRECTOR

F.B. Wippert & Son

ADDRESS

1300 Eutaw Pl.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1545

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN FREEDMAN

2. DATE
OF
DEATH

2/10/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

UNIVERSITY HOSPITAL

C. Length of stay in Baltimore

10

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

May 1, 1903

9. AGE (In years last birthday)

49

If Under 1 Year

Months: Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Maintenance Man

10B. KIND OF BUSINESS OR INDUSTRY

Tompkins Aluminum

11. BIRTHPLACE (State or foreign country)

Lemont Furness, Pa

12. CITIZEN OF WHAT COUNTRY?

US

13. FATHER'S NAME

Michael

14. MOTHER'S MAIDEN NAME

Susan Mraz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

194-01-0691

17. INFORMANT

ADDRESS

Mary Freedman 5012 E. Oliver St.

18. 159x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

CARCINOMA OF LIVER

DUE TO

ANTECEDENT CAUSES

(B)

METASTATIC FROM G.I.

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/10/53, to 2/10/53, that I last saw the deceased alive on 2/10/53, and that death occurred at 3:05 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Samuel W. Deisher

23B. ADDRESS

University Hospital

23C. DATE SIGNED

2/10/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-14-53

24C. NAME OF CEMETERY OR CREMATORY

OAK HILL

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntley

25. FUNERAL DIRECTOR

ADDRESS

Philip F. Gooch 2716 E. Monument St.

FEB 11 1953

VS 150

5543C

STATE OF NEW YORK
CERTIFICATE OF DEATH

IN SENATE
JANUARY 1, 1900

1900

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Paparousis Gus N.

2. DATE
OF
DEATH

2-10-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, give location)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Baltimore City Hospitals
4940 Eastern Ave.,

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Baltimore City Hospitals, 4940 Eastern, Ave.

c. Length of stay in Baltimore

31 Yrs

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

2-30-1894

9. AGE (In years
last birthday)

59

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Book

10B. KIND OF BUSINESS OR
INDUSTRY

Jimmie's Restaurant

11. BIRTHPLACE (State or foreign country)

Greece

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Paparousis

14. MOTHER'S MAIDEN NAME

Alexandria ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

(Record) H.B.C. 4940 Eastern, Ave.

ADDRESS

18. 002 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cardiac Failure

DUE TO

2 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Pulmonary Tuberculosis

DUE TO

2 Years

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-8, 1951, to 2-10, 1953 that I last saw the
deceased alive on 2-10, 1953, and that death occurred at 6:30a m., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Paparousis

M. D.

23B. ADDRESS

4940 Eastern, Ave.,

23C. DATE SIGNED

2-10-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

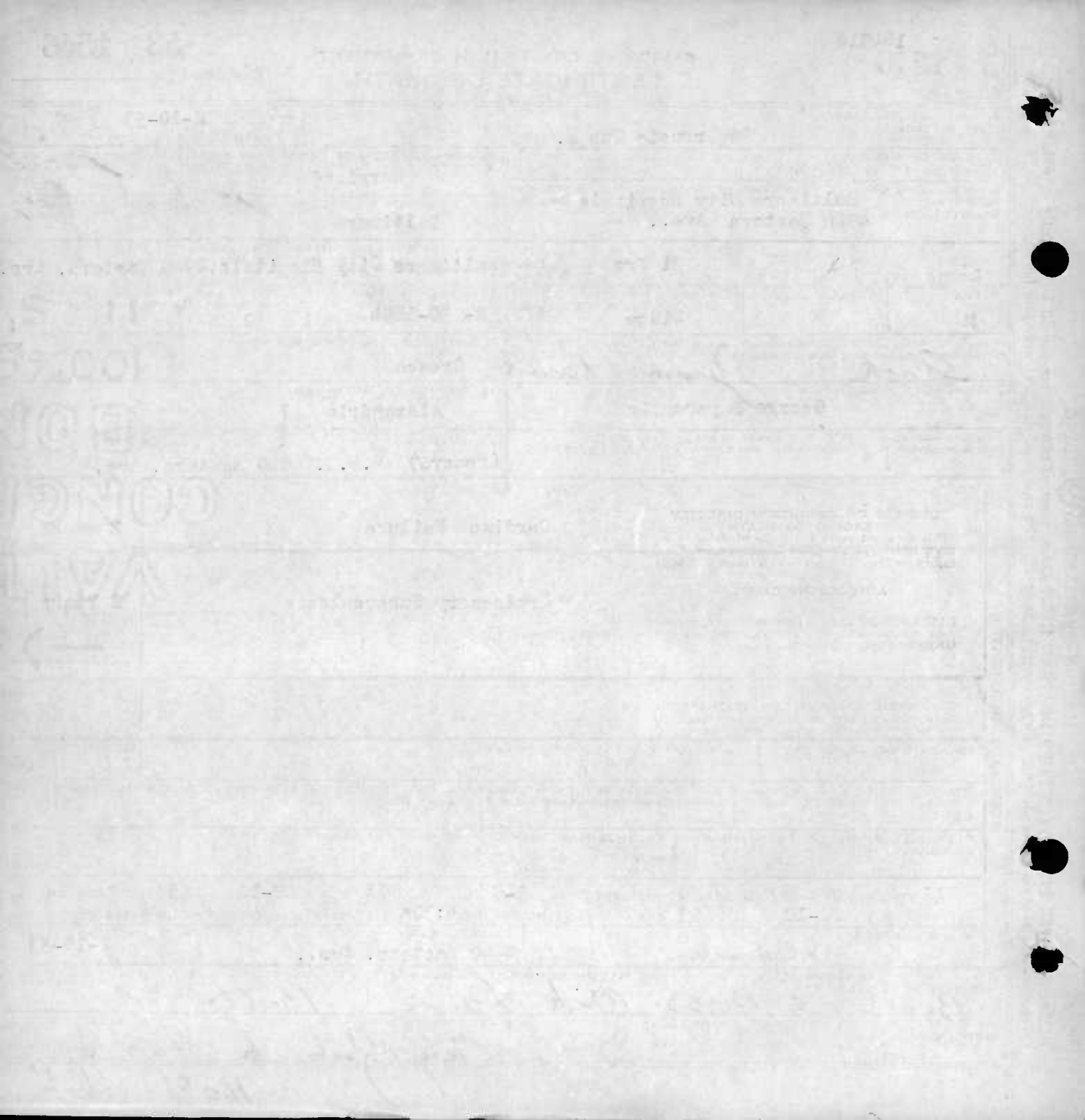
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53

1547

BIRTH NO. 48-15614		2. DATE OF DEATH 2/9/53	
1. NAME OF DECEASED (Type or Print) Jerome Bradford		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
3. PLACE OF DEATH: A. Baltimore City, Maryland		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 2-01	
8. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		D. STREET ADDRESS (If rural, give location) 310 S. Carle St.	
c. Length of stay in Baltimore Yrs. Mos. Days		5. DATE OF BIRTH	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	9. AGE (In years last birthday) 43
10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Child	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Gary Bradford		14. MOTHER'S MAIDEN NAME Marion	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS JOHNS HOPKINS HOSPITAL	
18. 754.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH Tetralogy of Fallot	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CERTIFICATION APPROVED BY William [Signature] M.D.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Possible bacterial endocarditis	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/9, 1953 to 2/9, 1953 that I last saw the deceased alive on 2/9, 1953 and that death occurred at 11:30 P.M., from the causes and on the date stated above.			
23A. SIGNATURE S. H. Hauser		23B. ADDRESS JOHNS HOPKINS HOSPITAL M.D.	
23C. DATE SIGNED 2/10/53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb.	
24C. NAME OF CEMETERY OR CREMATORY Baltimore National		24D. LOCATION (City, town, or county) Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR FEB 11 1953		REGISTRAR'S SIGNATURE Huntington	
FUNERAL DIRECTOR Fred M. Orazowski		ADDRESS 1939	
VS 150 To Be Approved By Med. Examiner Custom			

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 1548

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anthony Bechler

2. DATE
OF
DEATH

2/10/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

B on Secours Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

3726 Old Frederick Road 29

C. Length of stay in Baltimore

Life 45

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9/9/07

9. AGE (In years,
last birthday)

45

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Stock Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Bread

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Joseph Bechler

14. MOTHER'S MAIDEN NAME

Frances Mailschester

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Estella M. Bechler 3726 Old Frederick Rd

18. 202.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Retroperitoneal Lymphoma

DUE TO

6 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-10 1953, to 2-10 1953, that I last saw the
deceased alive on 2-10 1953, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 11 1953

Huntington 310.200

E. Schuch 3512 Frederick Ave

1951 53

NATIONAL HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death		5. Place of death	
6. Cause of death		7. Manner of death		8. Signature of physician		9. Signature of registrar		10. Signature of informant	
11. Name of hospital		12. Name of attending physician		13. Name of registrar		14. Name of informant		15. Name of funeral home	
16. Name of cemetery		17. Name of burial place		18. Name of burial place		19. Name of burial place		20. Name of burial place	
21. Name of burial place		22. Name of burial place		23. Name of burial place		24. Name of burial place		25. Name of burial place	
26. Name of burial place		27. Name of burial place		28. Name of burial place		29. Name of burial place		30. Name of burial place	
31. Name of burial place		32. Name of burial place		33. Name of burial place		34. Name of burial place		35. Name of burial place	
36. Name of burial place		37. Name of burial place		38. Name of burial place		39. Name of burial place		40. Name of burial place	
41. Name of burial place		42. Name of burial place		43. Name of burial place		44. Name of burial place		45. Name of burial place	
46. Name of burial place		47. Name of burial place		48. Name of burial place		49. Name of burial place		50. Name of burial place	
51. Name of burial place		52. Name of burial place		53. Name of burial place		54. Name of burial place		55. Name of burial place	
56. Name of burial place		57. Name of burial place		58. Name of burial place		59. Name of burial place		60. Name of burial place	
61. Name of burial place		62. Name of burial place		63. Name of burial place		64. Name of burial place		65. Name of burial place	
66. Name of burial place		67. Name of burial place		68. Name of burial place		69. Name of burial place		70. Name of burial place	
71. Name of burial place		72. Name of burial place		73. Name of burial place		74. Name of burial place		75. Name of burial place	
76. Name of burial place		77. Name of burial place		78. Name of burial place		79. Name of burial place		80. Name of burial place	
81. Name of burial place		82. Name of burial place		83. Name of burial place		84. Name of burial place		85. Name of burial place	
86. Name of burial place		87. Name of burial place		88. Name of burial place		89. Name of burial place		90. Name of burial place	
91. Name of burial place		92. Name of burial place		93. Name of burial place		94. Name of burial place		95. Name of burial place	
96. Name of burial place		97. Name of burial place		98. Name of burial place		99. Name of burial place		100. Name of burial place	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 1549**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN HENRY BURKE

2. DATE
OF
DEATH

Feb. 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

C. Length of stay in Baltimore

life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

JAN. 20, 1892

9. AGE (In years
last birthday)

61

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Pres. John H. Burke

10B. KIND OF BUSINESS OR
INDUSTRY

Mach. & printing

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME & Co. Inc.

William A. Burke

14. MOTHER'S MAIDEN NAME

Elizabeth Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

217-07-7787

17. INFORMANT ADDRESS

**48 Sipple Avenue
Mrs Ethel C. Burke**

18. **507.0**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) **Diffuse pneumonitis**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) **Chronic bronchitis**

DUE TO

Pulmonary emphysema

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb. 8 th**, 19**53** to **Feb. 10 th**, 19**53**, that I last saw the
deceased alive on **Feb. 10th**, 19**53**, and that death occurred at **2:20a** m., from the causes and on the date stated above.

23A. SIGNATURE

E. P. May Jr.

23B. ADDRESS

1400 N. Caroline Street - 13

23C. DATE SIGNED

Feb. 10, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

2/13/53

24C. NAME OF CEMETERY OR CREMATORY

Moreland Memorial Cem. Baltimore, Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 11 1953

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

HENRY SANDERSON, INC.

ADDRESS

BALTO. 13, MD.

STATE OF NEW YORK
CERTIFICATE OF DEATH

John

JOHN W. W. W.

217-10

1007

John

JOHN W. W. W.

JOHN W. W. W.

JOHN W. W. W.

JOHN W. W. W.

JOHN W. W. W.

JOHN W. W. W.

JOHN W. W. W.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1550

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sister Christine Kane

2. DATE
OF
DEATH

February 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland St. Agnes Hosp. Balt.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

Md.

B. COUNTY

Emmitsburg

FREDK.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

St. Joseph's Central House

D. STREET ADDRESS (If rural, give location)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

St. Agnes Hospital Baltimore, Md.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

77 1880

9. AGE (In years
last birthday)

73

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John

14. MOTHER'S MAIDEN NAME

Mary

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

CAUSE OF DEATH

Carcinoma, Rt. Breast 7 mos.

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Generalized Atherosclerosis 10 years

19A. DATE OF OPERATION

9-16-52

19B. MAJOR FINDINGS OF OPERATION

Carcinoma, Rt. Breast, with Metastases

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-15, 1952 to 2-10, 1953, that I last saw the
deceased alive on 2-10, 1953, and that death occurred at 128 m., from the causes and on the date stated above.

23A. SIGNATURE

Stephen K. Padurnis

M. O.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

2-11-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

2/12/53

24C. NAME OF CEMETERY OR CREMATORY

ST. JOSEPH'S

24D. LOCATION (City, town, or county)

EMMITSBURG Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

M. FAHEY & Sons 401 South FOLK Rd.

ADDRESS

VS 150

0788W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0-81

CERTIFICATE OF DEATH

NAME

DATE

AGE

SEX

PLACE

CAUSE

DATE

TIME

PLACE

DATE

TIME

PLACE

DATE

TIME

PLACE

DATE

TIME

PLACE

DATE

TIME

PLACE

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DATE

TIME

PLACE

DATE

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LOUIS VICTOR ZIMMERMAN (SR.)

2. DATE
OF
DEATH

Feb. 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write "U.S.A." and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

17 W. Fort Avenue - 30

c. Length of stay in Baltimore

life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct., 22, 1889

9. AGE (In years
last birthday)

63

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired R.R. Clerk.

10B. KIND OF BUSINESS OR
INDUSTRY

B. & O. R.R.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

*----- Zimmerman

14. MOTHER'S MAIDEN NAME

Caroline-----

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mary Zimmerman, 17 W. Fort Ave.

18.

422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebro-vascular accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerotic C.V.D.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Other lesions:

Paget's disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 6 th, 1953, to Feb. 10 th 1953, that I last saw the
deceased alive on Feb. 10, 1953, and that death occurred at 11:55 p.m., from the causes and on the date stated above.

23A. SIGNATURE

B. J. J. J. J.

23B. ADDRESS

M. D.

1400 N. Caroline Street - 13

23C. DATE SIGNED

Feb. 10, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Feb. 14, 1953

Weston Cemetery

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

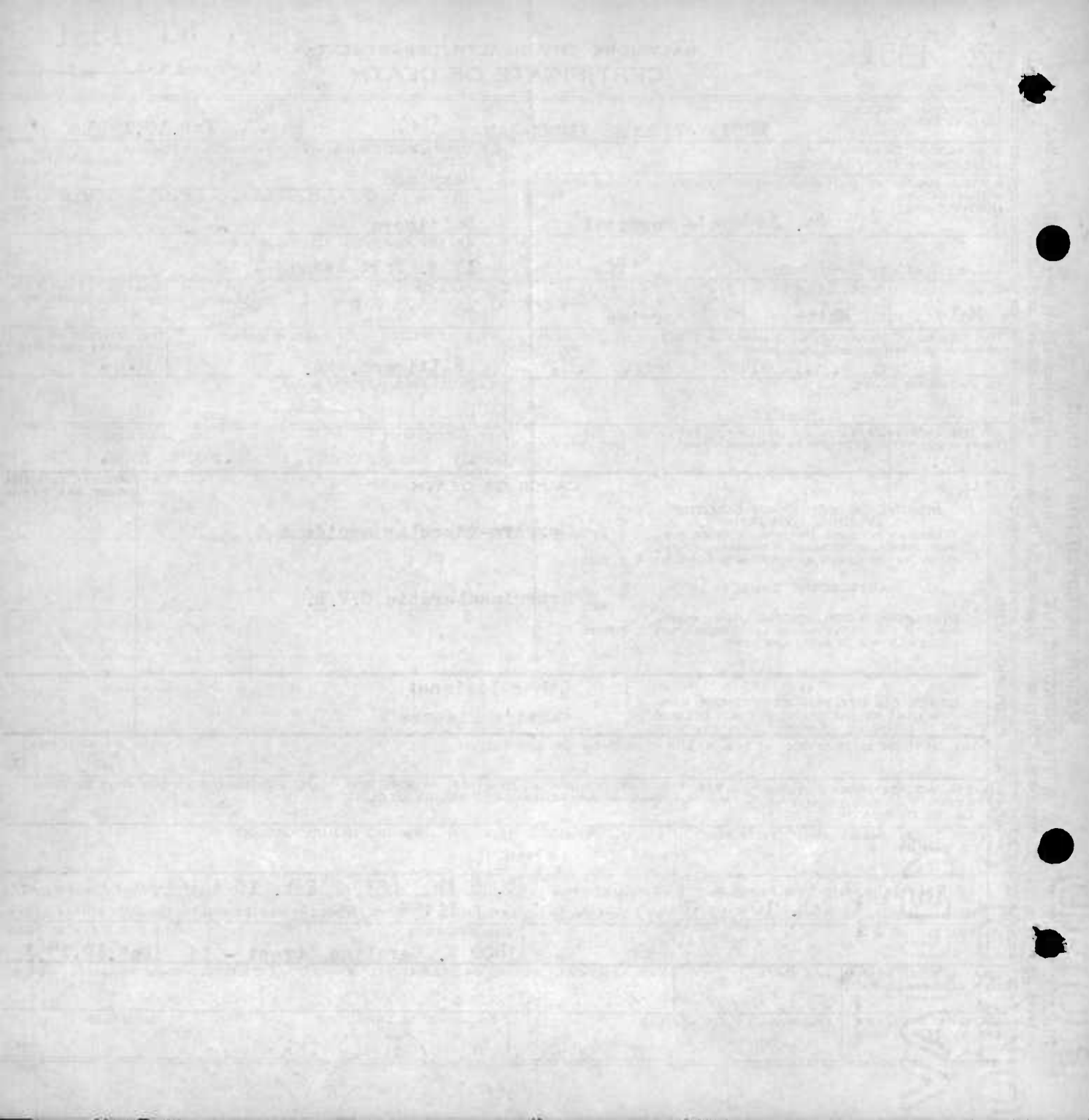
25. FUNERAL DIRECTOR

ADDRESS

FEB 11 1953

Huntington, W. Va.

G. J. J. J. J.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 1552

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARGUERITE

SHIPLEY

2. DATE
OF
DEATH

February 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1320 Hanover Street

C. Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 23, 1919

9. AGE (In years
last birthday)

33

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife.

10B. KIND OF BUSINESS OR
INDUSTRY

At Home.

11. BIRTHPLACE (State or foreign country)

Balto.

12. CITIZEN OF
WHAT COUNTRY?

Md. U.S.

13. FATHER'S NAME

George Lacer.

14. MOTHER'S MAIDEN NAME

Dont Know.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Eldridge B. Shipley 1320 Hanover St.18. E971.5
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Bichloride of mercury poisoning

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

1320 Hanover Street

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY
January 17, 195321E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

mercury
Ingested overdose of bichloride of22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
Feb. 11, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

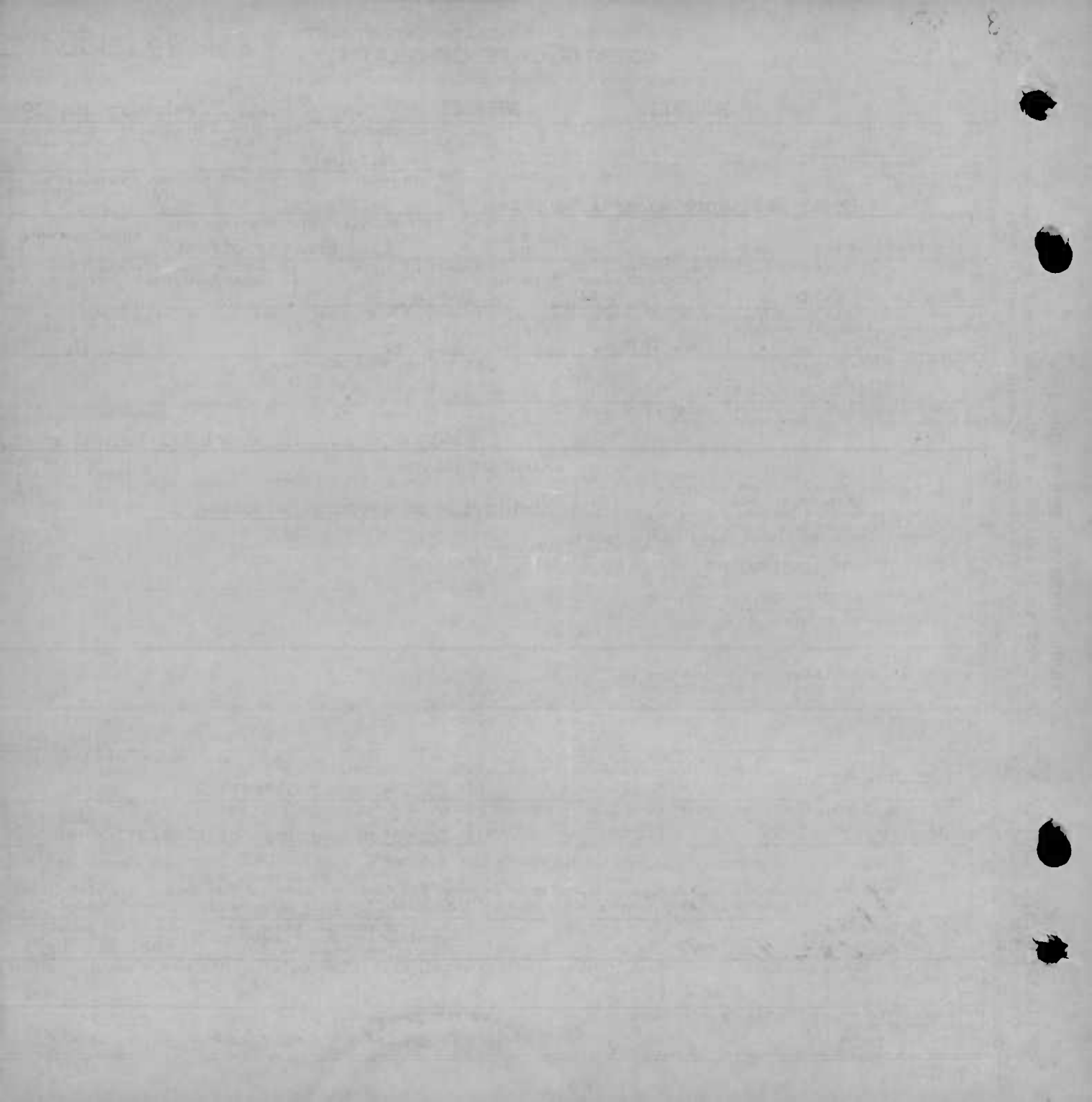
ADDRESS

VS 151

N-965.9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 1553

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)William G. Scherbel2. DATE
OF
DEATH Feb. 9, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)MarylandB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONLutheranC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)Baltimore

D. STREET ADDRESS (If rural, give location)

2640 Edmondson Ave.

c. Length of stay in Baltimore

LifeYrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)M

8. DATE OF BIRTH

1/10/18869. AGE (In years
last birthday)6611 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Machinist10B. KIND OF BUSINESS OR
INDUSTRYBeth. Steel Co.

11. BIRTHPLACE (State or foreign country)

Baltimore Md.12. CITIZEN OF
WHAT COUNTRY?USA

13. FATHER'S NAME

George Scherbel

14. MOTHER'S MAIDEN NAME

Anna Nickels15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)War IWar I16. SOCIAL
SECURITY NO.142.05.6385

17. INFORMANT

ADDRESS

Mrs. Sarah L. Scherbel 2640 Edmondson

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

CAUSE OF DEATH

Crown aneurysmINTERVAL BETWEEN
ONSET AND DEATH1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-21-46, 1946, to 2-9-53, 1953, that I last saw the
deceased alive on 2-2-53, 1953, and that death occurred at 6:00 m., from the causes and on the date stated above.

23A. SIGNATURE

Wm. G. Scherbel

M. D.

23B. ADDRESS

2203 Edmondson

23C. DATE SIGNED

2-10-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial

24B. DATE

2/12/53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

ADDRESS

John T. Stansbury 2700 Edmondson Ave.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1554
Registered No.

1. NAME OF DECEASED (Type or Print)		GEORGE L. ROHRER		2. DATE OF DEATH February 11, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 608 N. Calvert Street			
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 19, 1892	9. AGE (In years last birthday) 60	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Time Keeper		10B. KIND OF BUSINESS OR INDUSTRY Belvedere Hotel		11. BIRTHPLACE (State or foreign country) Cumberland, Maryland	
13. FATHER'S NAME William Rohrer		14. MOTHER'S MAIDEN NAME Catherine Shook			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mildred V. Rohrer, 608 N. Calvert Street	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive arteriosclerotic cardio-vascular disease		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

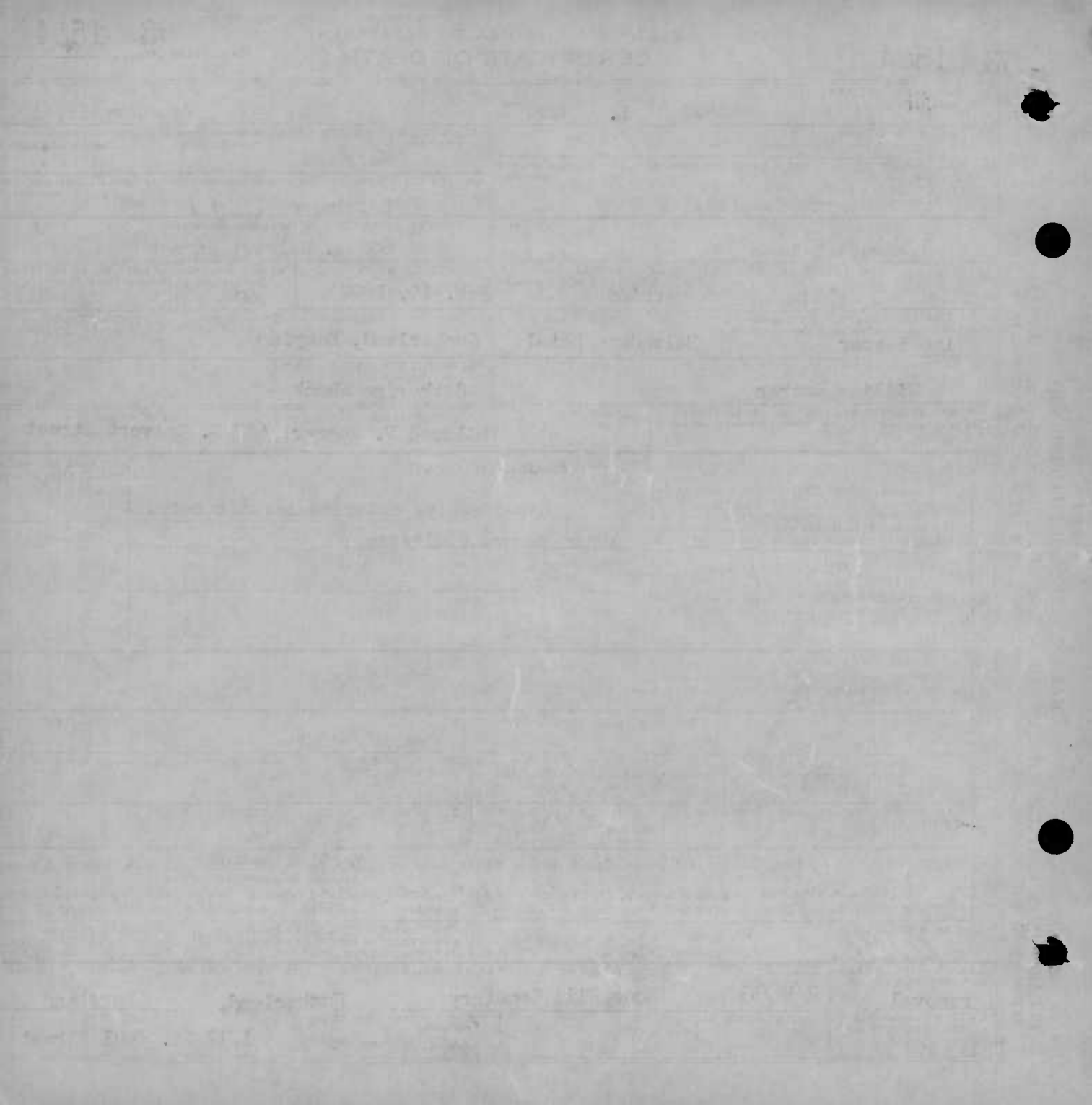
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE
William V. [Signature]
M.D.

23B. CHIEF MEDICAL EXAMINER.....☐ ASSISTANT MEDICAL EXAMINER.....☐ MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED
Feb. 11, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify) removal	24B. DATE 2/11/53	24C. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	24D. LOCATION (City, town, or county) (State) Cumberland, Maryland
DATE RECEIVED BY LOCAL REGISTRAR FEB 11 1953		REGISTRAR'S SIGNATURE <i>Huntington [Signature]</i>	25. FUNERAL DIRECTOR ADDRESS <i>Wm. G. Cook</i> 1217 St. Paul Street



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1555

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John L. Goldsborough

2. DATE OF DEATH
February 9 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Kenwood Avenue AT

S.W.C.

JEFFERSON ST.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

23 N. SMALLWOOD ST.

C. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

S.

8. DATE OF BIRTH

9/9/1905

9. AGE (In years last birthday)

47

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABORER, SANITARY DEPT Municipal

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Robert W. Goldsborough

14. MOTHER'S MAIDEN NAME

MABEL FORD

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, an or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

M. P. W. Goldsborough

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CORONARY INFARCTION

immediate

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Cardio-Vascular

6 months

DUE TO

(C) Disease

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Pneuminitis

2 weeks

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR? Sudden death

AT WORK - CLEARED BY CITY MEDICAL EXAMINER

22. I hereby certify that I attended the deceased from November, 1951, to February, 1953, that I last saw the deceased alive on Oct. 24, 1952, and that death occurred at 2:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Melvin N. Borden

M. D.

23B. ADDRESS

5000 OLDFREDERICK RD

23C. DATE SIGNED

2/10/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Buried

24B. DATE

2/13/53

24C. NAME OF CEMETERY OR CREMATORY

CATHEDRAL

24D. LOCATION (City, town, or county)

Old Frederick Rd

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 11 1953

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

J. P. Taylor 315 Light St.

ADDRESS

8 153

RECEIVED BY THE U.S. DEPARTMENT OF HEALTH

150

U.S. DEPARTMENT OF HEALTH

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2-200

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

53 1556

53 1556

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH- COUNTY		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE		Maryland		COUNTY		53-00	
CITY (If outside corporate limits, write RURAL and give nearest town) Baltimore		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore County		STREET ADDRESS (If rural, give location) 229 Old Battlegrove Rd					
HOSPITAL OR INSTITUTION OR STREET ADDRESS Baltimore City Hospital											
3. NAME OF DECEASED (Type or Print) John		(First) (Middle) Roger		(Last) Zweck		4. DATE OF DEATH Feb. 5 19 53		(Month) (Day) (Year)			
5. SEX M		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single		8. DATE OF BIRTH Feb. 21, 1945		9. AGE last birthday 7 yrs.		If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY school		11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13. FATHER'S NAME John Zweck				14. MOTHER'S MAIDEN NAME Rita Willinger							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY No.		17. INFORMANT John Zweck							

492x		18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		(a) <u>Viral Pneumonia</u>		22 days	
Immediate cause		(b) _____			
Antecedent cause(s)		(c) _____			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at....., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

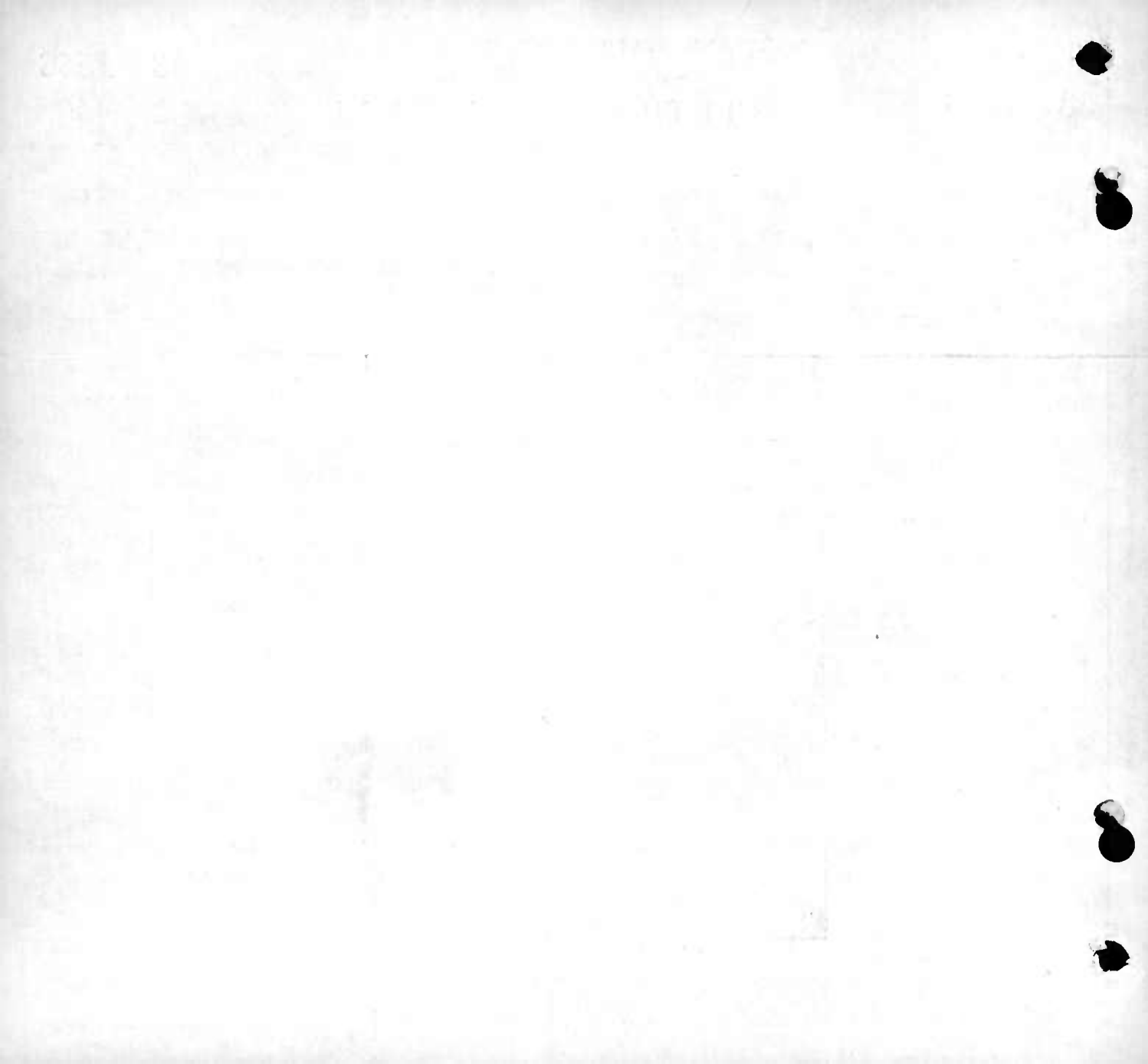
ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)		DATE		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county)		(State)	
Burial		Feb. 9/53		Sacred Heart Cem		Baltimore County			

DATE REC'D BY LOCAL REG. REC'D Feb. 7-53		REGISTRAR'S SIGNATURE Dawson L. Harbor		24. FUNERAL DIRECTOR		ADDRESS	
		Huntington Villains, N.Y.		Ullrich Funeral Homes		2112 Dundalk Ave.	

FEB 11 1953



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1557
Registered No.53 1557
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

Judith Rom

2. DATE
OF DEATH

Feb. 11-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

New York V-39

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Long Island

D. STREET ADDRESS (If rural, give location)

9504 Linden Blvd.

c. Length of stay in Baltimore

1 week

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Infant

8. DATE OF BIRTH

3-27-52

9. AGE (In years last birthday) If Under 1 Year If Under 24 Hours
Months Days Hours Min.

10 months

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Infant

10B. KIND OF BUSINESS OR
INDUSTRY

Infant

11. BIRTHPLACE (State or foreign country)

Brooklyn N. Y.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Rudolf Rom

14. MOTHER'S MAIDEN NAME

Mildred - Dopfen

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

No

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

754.4 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Cyanotic Congenital Heart
Disease, etiology retype?

since birth

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-5 1953, to 2-11 1953, that I last saw the
deceased alive on 2-11 1953, and that death occurred at 2:35 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert E. Herndon M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

Feb 11, 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2/12/53

24C. NAME OF CEMETERY OR CREMATORY

Huntington St. N. Y.

24D. LOCATION (City, town, or county)

Long Island N. Y.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington St. N. Y.

25. FUNERAL DIRECTOR

403-C-25th St
Baltimore 18-Md

ADDRESS

851-1215
1128-255

1575
1575

1575
1575
1732

221000

R-263
53 1558BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1558

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>John Albert Reichard</i>		2. DATE OF DEATH <i>Feb 9 - 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>2000 Boone St</i>		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore City</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>at home</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
C. Length of stay in Baltimore <i>63</i>		D. STREET ADDRESS (If rural, give location) <i>2000 Boone St</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Jan 29 - 1872</i>	9. AGE (in years last birthday) <i>81</i>	Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>retired</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>R. R.</i>		11. BIRTHPLACE (State or foreign country) <i>Penn.</i>	
13. FATHER'S NAME <i>could not ascertain</i>		14. MOTHER'S MAIDEN NAME <i>could not ascertain</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT <i>Geo. T. Reichard (son)</i>	
18. <i>260X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Diabetes mellitus</i> DUE TO (B) <i>Myocardial Infarction</i> DUE TO (C) <i>coronary occlusion & sclerosis</i> INTERVAL BETWEEN ONSET AND DEATH <i>about 10 years - to my knowledge</i>		19. DATE OF OPERATION <i>0</i>			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan. 1</i> , 1952, to <i>Feb 9</i> , 1953, that I last saw the deceased alive on <i>Feb. 9</i> , 1953, and that death occurred at <i>2:30 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>R. E. Evers</i>		23B. ADDRESS <i>Wentworth Apts. Balto. 1, Md.</i>		23C. DATE SIGNED <i>Feb. 10 - 1953</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Feb 13/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Lorraine</i>	
24D. LOCATION (City, town, or county) <i>Wheatland</i>		24E. STATE <i>Md.</i>		24F. ADDRESS <i>Wheatland</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 12 1953</i>		REGISTRAR'S SIGNATURE <i>W. H. H. H. H.</i>		25. FUNERAL DIRECTOR <i>W. H. H. H. H.</i>	
25A. ADDRESS <i>Wheatland</i>		25B. ADDRESS <i>Wheatland</i>		25C. ADDRESS <i>Wheatland</i>	

1558

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

100-100000

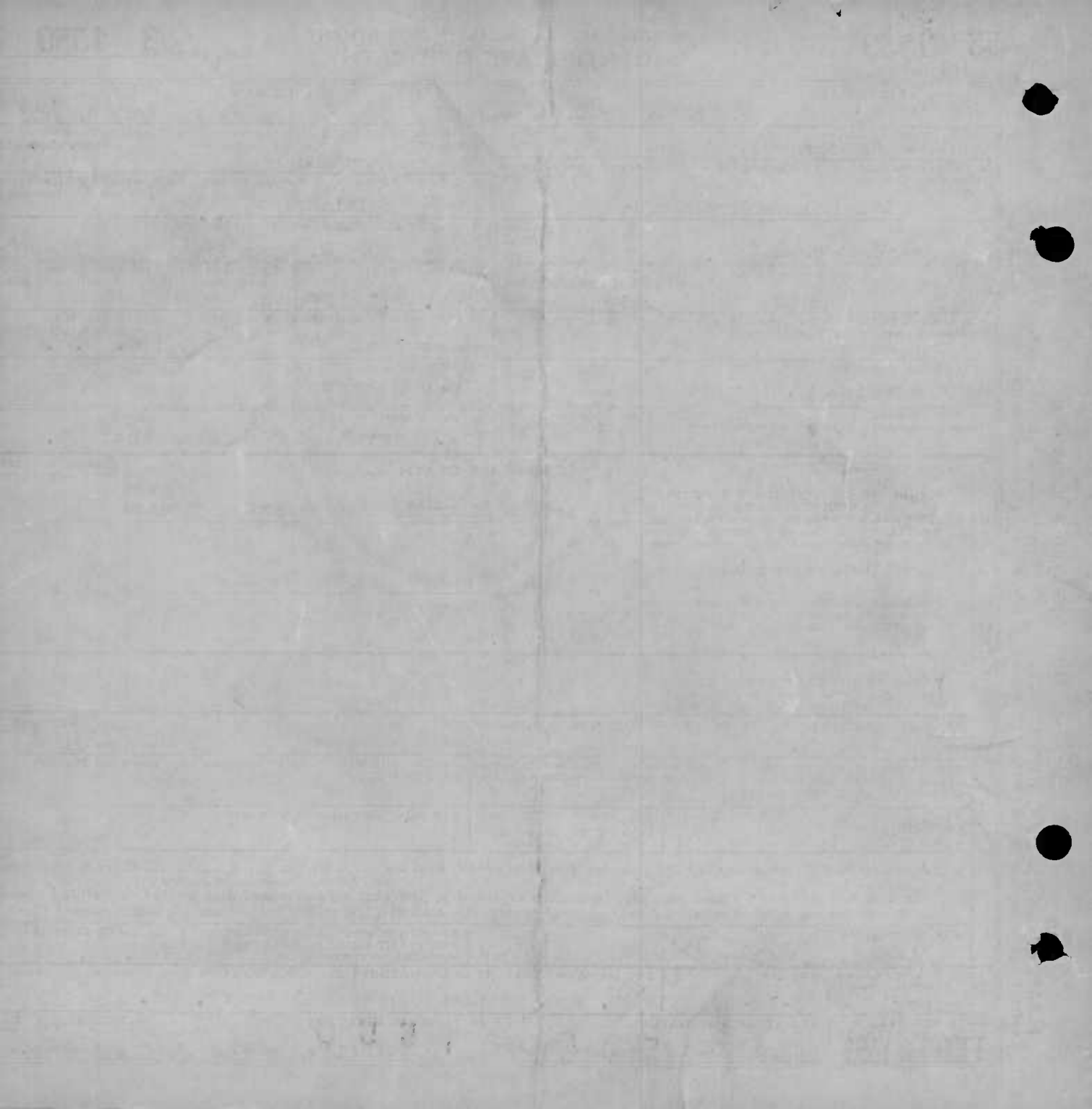
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 1559**

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		FREDERICK D. MORTON		February 9, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Morgue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 2025 W. North Avenue			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 5, 1895	9. AGE (In years last birthday) 58	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipyard		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Frederick D. Morton		14. MOTHER'S MAIDEN NAME Lucy Johnson		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Mary Morton 1328 Mosher St.	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William W. Ridd</i>		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Feb. 10, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 2-12-53		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR FEB 12 1953		24F. REGISTRAR'S SIGNATURE <i>William W. Ridd</i>	
24G. FUNERAL DIRECTOR <i>Jesse W. Ridd</i>		24H. ADDRESS <i>W. Ridd</i>		24I. SIGNATURE <i>W. Ridd</i>	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 1560**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Martha Harris**2. DATE
OF
DEATH**2-8-53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MarylandB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)**Baltimore City Hospital
4940 Eastern Ave**C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)**Baltimore**

c. Length of stay in Baltimore

LifeYrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

Baltimore City Hospital 4940 Eastern Ave

5. SEX

F

6. COLOR OR RACE

N7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Widowed**

8. DATE OF BIRTH

Nov 1, 18689. AGE (In years
last birthday)**84**If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Galloway

14. MOTHER'S MAIDEN NAME

Lucy/15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

(Records) B.C.H. 4940 Eastern Ave18. **450.0 I**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Generalized Arteriosclerosis**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Jan. 24-1953

19B. MAJOR FINDINGS OF OPERATION

Abscess left foot

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3-7-45**, 19__, to **2-8-53**, 19__, that I last saw the
deceased alive on **2-8-53**, 19__, and that death occurred at **11.40 Pm** from the causes and on the date stated above.

23A. SIGNATURE

H. G. [Signature]

M. D.

23B. ADDRESS

4940 Eastern Ave

23C. DATE SIGNED

2-8-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2-12-53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.DATE RECEIVED BY
LOCAL REGISTRAR

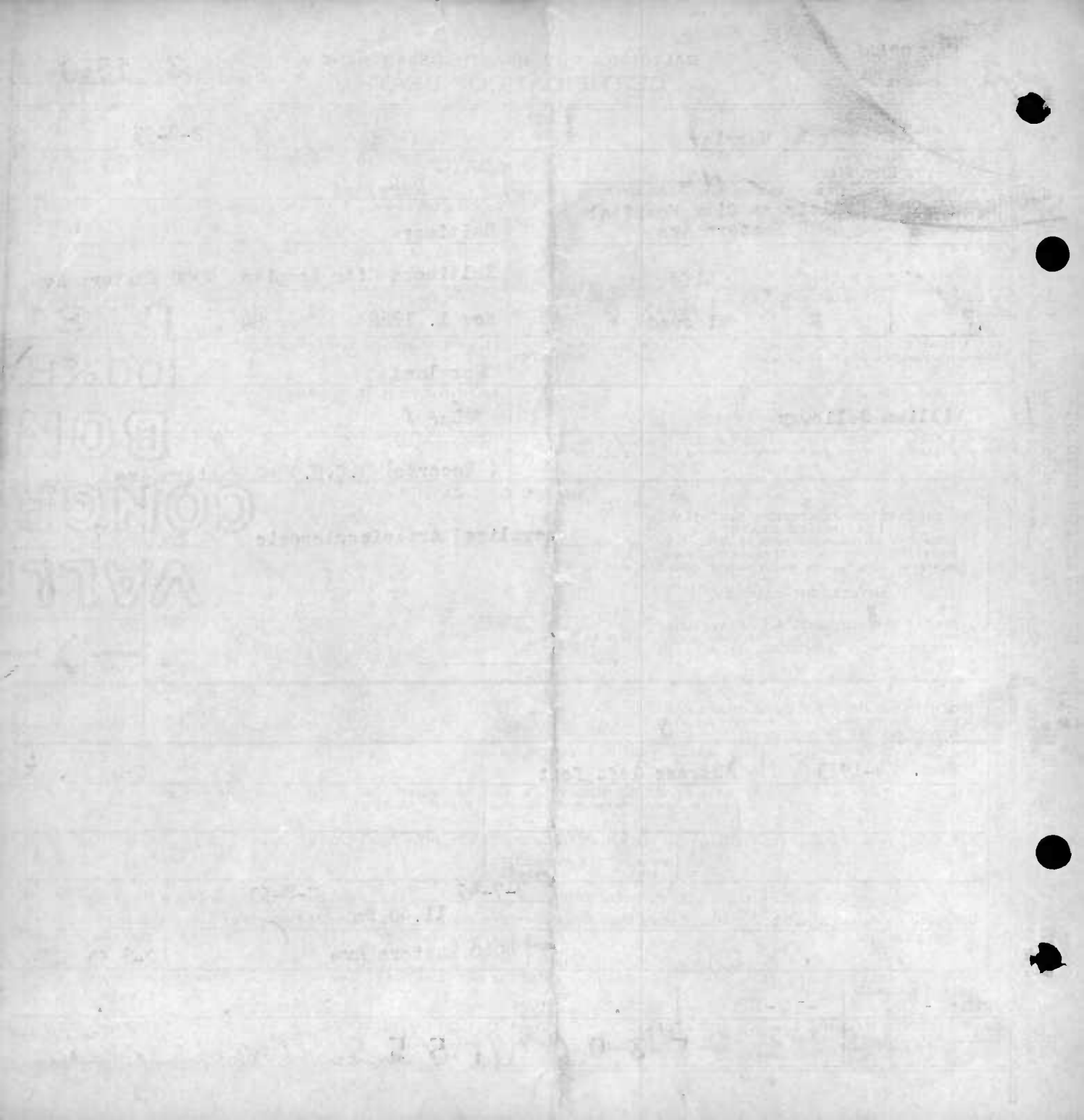
REGISTRAR'S SIGNATURE

Huntington [Signature]

25. FUNERAL DIRECTOR

ADDRESS

W. F. [Signature] 558 W



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 1561BIRTH NO. 160275 CG1. NAME OF DECEASED
(Type or Print)Charles C. Nash2. DATE
OF
DEATH2-9-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTYMarylandB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)Baltimore City HospitalsC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)Baltimore

c. Length of stay in Baltimore

86 yrsYrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

Baltimore City Hospitals, 4940 Eastern Ave

5. SEX

M

6. COLOR OR RACE

N7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Widow

8. DATE OF BIRTH

9-5-18679. AGE (In years
last birthday)86If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Wm Nash (Dec)

14. MOTHER'S MAIDEN NAME

Eliz. Miller (Dec)15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.17. INFORMANT (Record) Baltimore City Hospitals
4940 Eastern Ave.,18. 443x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Uremia

DUE TO

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive Arterio

DUE TO

10 days

(C)

Sclerotic Cardio-Vascular Disease

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

MEDICAL CERTIFICATION

19A. DATE OF OPERATION

1942-1945

19B. MAJOR FINDINGS OF OPERATION

Amputation of left leg

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-19-, 1952, to 2-9, 1953, that I last saw the
deceased alive on 2-9, 1953, and that death occurred at 5:15p m., from the causes and on the date stated above.

23A. SIGNATURE

Eliz. Miller

M. D.

23B. ADDRESS

4940 Eastern Ave, Balto, Md

23C. DATE SIGNED

2-9-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2-13-53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Wm. S. Traubert

ADDRESS

578 W

U.S. A-100
1002240
BOND
CONGRESS
VALLEY

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 1562

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

330X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) Subarachnoid Hemorrhage
DUE TO(B) Malignant Hypertension
DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-16-1953, to 2-19-1953, that I last saw the deceased alive on 2-19-1953, and that death occurred at 1:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1915

UNITED STATES OF AMERICA

UNITED STATES OF AMERICA



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 1563BIRTH NO. 53 15631. NAME OF DECEASED
(Type or Print)MARIE CARRIE JACKSON2. DATE
OF
DEATHFeb. 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MarylandAAB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONSouth Baltimore Gen. Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Severn52-00

D. STREET ADDRESS (If rural, give location)

Mannatocka Rd.

c. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Married

8. DATE OF BIRTH

8.22.079. AGE (in years
last birthday)45If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Housework10B. KIND OF BUSINESS OR
INDUSTRYHome

11. BIRTHPLACE (State or foreign country)

Baltimore12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Frank Schwab

14. MOTHER'S MAIDEN NAME

May Gleason15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)No16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Family - Marie18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH1 hr. 35 min.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertension

DUE TO

3 years

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8:45 am 2-10-53, to 9:40 am 2-10-53, that I last saw the
deceased alive on 9:40 am 2-10-53, and that death occurred at 9:40 am, from the causes and on the date stated above.

23A. SIGNATURE

W. L. Conway

23B. ADDRESS

M. D. South Balto Genl Hosp

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2-14-53

24C. NAME OF CEMETERY OR CREMATORY

Green Haven

24D. LOCATION (City, town, or county)

Balto.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

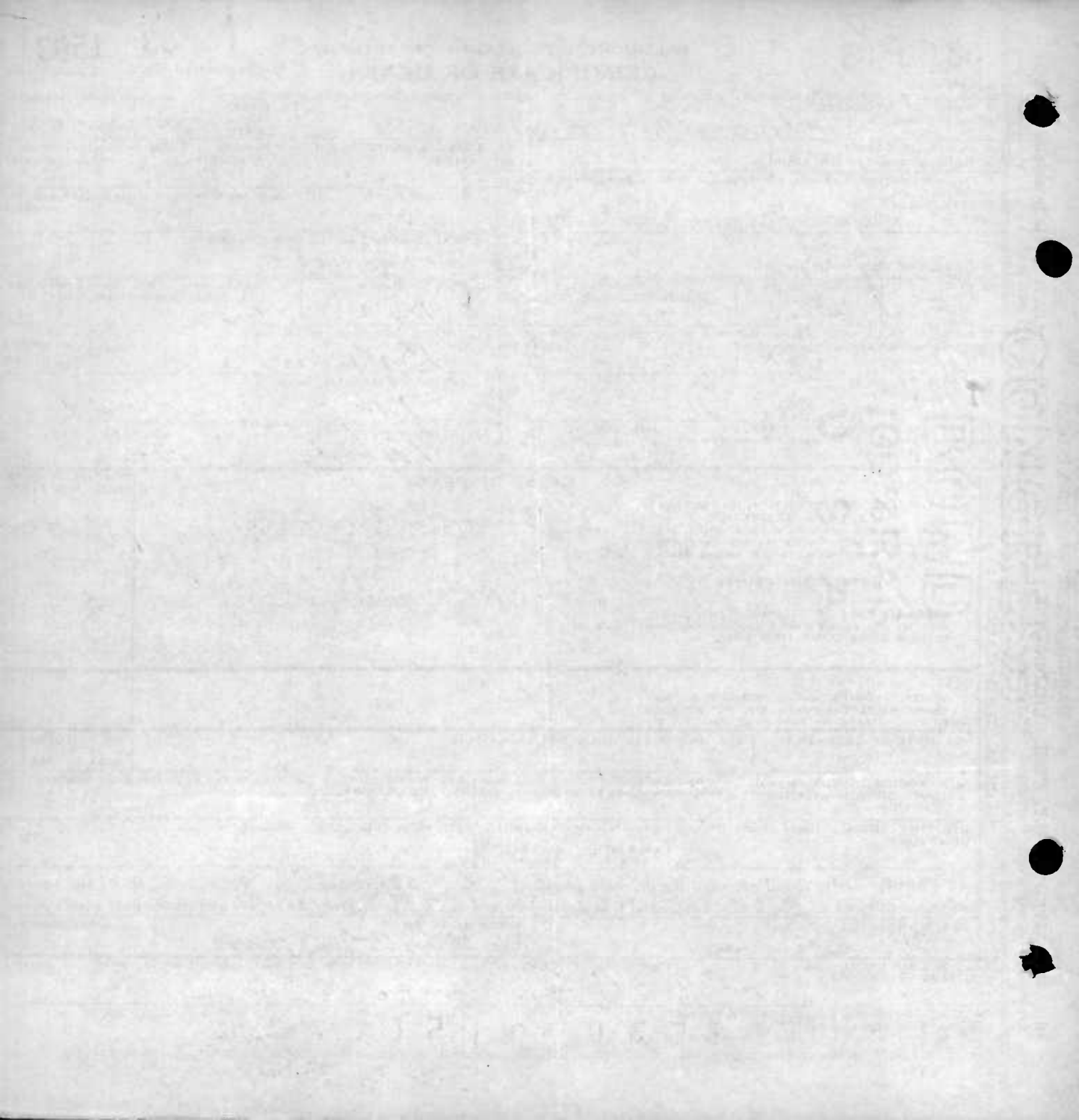
REGISTRAR'S SIGNATURE

Huntington 5/13/53

25. FUNERAL DIRECTOR

ADDRESS

W. L. Conway130 E. Fort Ave.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 1564BIRTH NO. 50-193931. NAME OF DECEASED
(Type or Print)

SHARON LYNN GAIGLER

2. DATE
OF
DEATH

2/11/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2415 Arbuton Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2415 Arbuton Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)S

8. DATE OF BIRTH

9/10/509. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.2910A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)None10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Kenneth W.

14. MOTHER'S MAIDEN NAME

Madeline A. Hughes15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)No16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Family - Same

18.

491X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Bronchopneumonia, left

DUE TO

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Congenital mental deficiency29 months

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 2-6-53, 1953, to 2-11-53, 1953, that I last saw the
deceased alive on 2-10, 1953, and that death occurred at 1st A. M., from the causes and on the date stated above.

23A. SIGNATURE

Nathan Rabin

23B. ADDRESS

206 S. Gilman St.

23C. DATE SIGNED

2-11-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)B

24B. DATE

2/11/53

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 12 1953Huntington Hall, 1200 N. E. St.James L. McCully - 130 E. Fort Avenue

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1565

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM

WEIDNER

2. DATE
OF
DEATH

February 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF

HOSPITAL OR
INSTITUTION

Baltimore City Morgue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write R. U. S. and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2324 E. Biddle Street

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M-

8. DATE OF BIRTH

July 1-1901

9. AGE (In years
last birthday)

52

If Under 1 Year
Months: Days

7 9

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Baker

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Weidner

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

216-03-353-4

17. INFORMANT

ADDRESS

Maylema Weidner 734 E North Ave

18. 422.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Arteriosclerotic cardiovascular disease

~~MYEOM~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Chronic bronchial asthma

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Updegraff

23B. CHIEF MEDICAL EXAMINER.....☐M.D. ASSISTANT MEDICAL EXAMINER.....☒

23C. DATE SIGNED

Feb. 11, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial Feb 13-1953 Baltimore Cemetery

North Ave + Rose St Balto Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

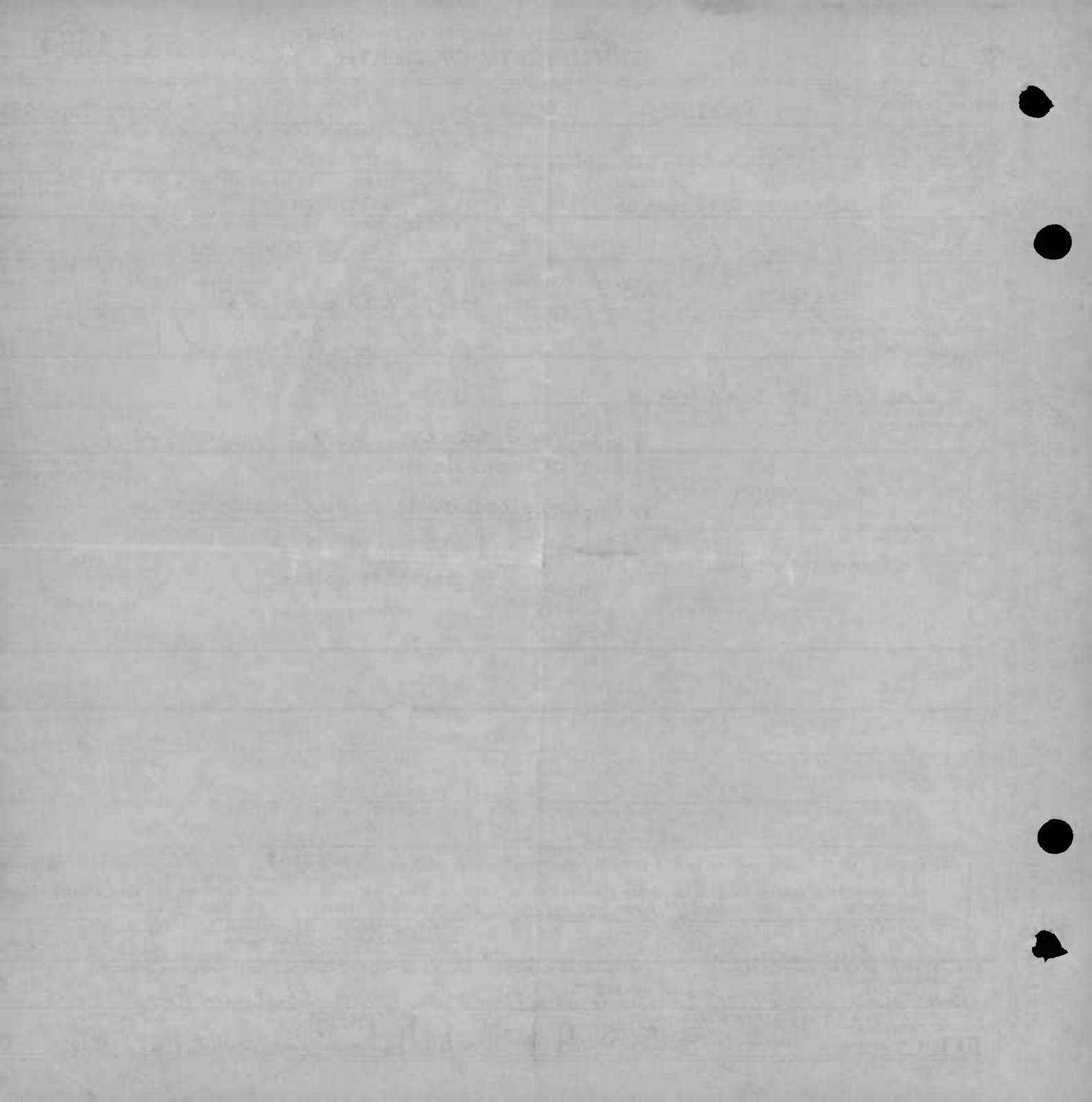
25. FUNERAL DIRECTOR

ADDRESS

Joseph Garaci Inc 712-14 E. North Ave

VS 151

58044





BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 1567

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)NATHAN SNYDER2. DATE
OF
DEATH2-12-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

MdB. FULL NAME OF (If not in hospital or institution, give street address or
location)HOSPITAL OR
INSTITUTIONDoctors Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3702 Fernhill Ave

c. Length of stay in Baltimore

Life

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

If Under 1 Year

If Under 24 Hours

Months: Days

Hours: Min.

MaleWhiteSingle5810A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Proctor

14. MOTHER'S MAIDEN NAME

Hannah15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MorrisProctorIRHannahSol Balaw - 3520 Ellsmont Rd18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)(A) Coronary Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Arteriosclerosis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M. WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Oct 12, 1951 to Feb 12, 1953, that I last saw the
deceased alive on Feb 12, 1953, and that death occurred at 12:34 a.m., from the causes and on the date stated above.

23A. SIGNATURE

W. B. Nunn

M. D.

23B. ADDRESS

4215 Oak St N

23C. DATE SIGNED

2/12/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burial2-12-53Herring RunBaltoMdFEB 12 1953HuntingtonJack Lewis2100 Cutaw Rd

Needle
6006 Park Hgts
Mo 8775
Ro 2418

6215

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 1568BIRTH NO. 53 1568

1. NAME OF DECEASED (Type or Print) <u>ANNA POTTS</u>		2. DATE OF DEATH <u>2-11-53</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md</u> B. COUNTY <u>6-05</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>115 No Broadway</u>		C. CITY OR TOWN (If outside corporate limits, write R.R. and give township) <u>Baltimore</u>	
D. STREET ADDRESS (If rural, give location) <u>115 No Broadway</u>		E. Length of stay in Baltimore <u>65</u> Yrs. Mos. Days	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>9-2</u>
9. AGE (In years last birthday) <u>92</u>		10. If Under 1 Year Months: Days	11. If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Lith</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Moses</u>		14. MOTHER'S MAIDEN NAME <u>Shawa</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Bernard Potts - Same</u>		ADDRESS	
18. <u>442x and 481x</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Uremia</u> (A) _____ DUE TO		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <u>Arteriosclerotic + Hypertensive</u> DUE TO (C) <u>Cardiovascular - Renal Disease</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>Grippe</u>			
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept.</u> 19 <u>51</u> , to <u>Feb 11</u> 19 <u>53</u> , that I last saw the deceased alive on <u>2/11</u> 19 <u>53</u> , and that death occurred at <u>3:30</u> m., from the causes and on the date stated above.			
23A. SIGNATURE <u>Albert Kubantobay</u>		23B. ADDRESS <u>5415 Park Heights Ave</u>	
M. D. <u>2/12/53</u>		23C. DATE SIGNED <u>2/12/53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>2-12-53</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>Hebrew Young Men</u>		24D. LOCATION (city, town, or county) <u>Balto Md</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>FEB 12 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington</u>	
FEDERAL DIRECTOR <u>Jack Lewis</u>		ADDRESS <u>2100 Eastern Pl</u>	

Albert Submitsky
5415 Park Heights
Rm 9781

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1569
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) *FREIDA *KRUMBACHER* 2. DATE OF DEATH *2-11-53*

3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE *Md* B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) *825 Chauncey ave* *Baltimore* *13-01*

D. STREET ADDRESS (If rural, give location) *825 Chauncey ave*

c. Length of stay in Baltimore *14* Yrs. *14* Mos. *14* Days

5. SEX *Female* 6. COLOR OR RACE *White* 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *Single* 8. DATE OF BIRTH *77* 9. AGE (In years last birthday) *77* If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *none* 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) *France* 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME *Joseph* 14. MOTHER'S MAIDEN NAME *Rica*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT *Josie Offenkemper - same* ADDRESS

18. *470.0* CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) *Arteriosclerotic Heart Disease* DUE TO

ANTECEDENT CAUSES (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *July*, 19*48*, to *Feb. 11*, 19*53*, that I last saw the deceased alive on *Feb. 10*, 19*53*, and that death occurred *11 A* m., from the causes and on the date stated above.

23A. SIGNATURE *Hunt H. Bix* M. D. 23B. ADDRESS *2516 Linton Ave.* 23C. DATE SIGNED *2-11-53*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *2-12-53* 24C. NAME OF CEMETERY OR CREMATORY *Chevera Ahavas Chesed Rodef Shalom* 24D. LOCATION (City, town, or county) (State) *Md*

DATE RECEIVED BY LOCAL REGISTRAR *FEB 12 1953* REGISTRAR'S SIGNATURE *Huntington* 25. FUNERAL DIRECTOR *Joe R. Jones* ADDRESS *2100 Eutaw Pl*

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1570

BIRTH NO. 53 1570

1. NAME OF DECEASED
(Type or Print)

JANE D. WILLIAMS

2. DATE
OF
DEATH

February 10 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution residence)
A. STATE

Md.

B. COUNTY

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2914 Keswick Road

C. CITY OR TOWN (If outside corporate limits, write R.U.R.L. and give township)

Baltimore 13-05

D. STREET ADDRESS (If rural, give location)

2914 Keswick Road

C. Length of stay in Baltimore

75 Yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Feb. 9.

9. AGE (in years,
last birthday)

85

Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

-

17. INFORMANT

ADDRESS

Mrs. Mildred Hubbard 2914 Keswick

18.

490X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Lobar Pneumonia

DUE TO

ANTECEDENT CAUSES

(B)

old Age

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from Jan 15, 1952, to Feb. 10, 1953, that I last saw the
deceased alive on Feb. 9, 1953, and that death occurred at 4 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 12 1953

Huntington Police

Frank J. S. City

814 H. 36

CERTIFICATE OF DEATH

<p>1. NAME OF DECEASED</p>		<p>2. SEX</p>		<p>3. AGE</p>	
<p>4. DATE OF DEATH</p>		<p>5. TIME OF DEATH</p>		<p>6. PLACE OF DEATH</p>	
<p>7. CAUSE OF DEATH</p>		<p>8. MANNER OF DEATH</p>		<p>9. PLACE OF BIRTH</p>	
<p>10. DATE OF BIRTH</p>		<p>11. TIME OF BIRTH</p>		<p>12. PLACE OF BIRTH</p>	
<p>13. NAME OF PHYSICIAN</p>		<p>14. NAME OF NURSE</p>		<p>15. NAME OF ATTENDING PHYSICIAN</p>	
<p>16. NAME OF HOSPITAL</p>		<p>17. NAME OF CITY</p>		<p>18. NAME OF STATE</p>	
<p>19. NAME OF COUNTY</p>		<p>20. NAME OF ZIP CODE</p>		<p>21. NAME OF DISTRICT</p>	
<p>22. NAME OF WARD</p>		<p>23. NAME OF ROOM</p>		<p>24. NAME OF BED</p>	
<p>25. NAME OF DOCTOR</p>		<p>26. NAME OF NURSE</p>		<p>27. NAME OF ATTENDING PHYSICIAN</p>	
<p>28. NAME OF HOSPITAL</p>		<p>29. NAME OF CITY</p>		<p>30. NAME OF STATE</p>	
<p>31. NAME OF COUNTY</p>		<p>32. NAME OF ZIP CODE</p>		<p>33. NAME OF DISTRICT</p>	
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<p>40. NAME OF HOSPITAL</p>		<p>41. NAME OF CITY</p>		<p>42. NAME OF STATE</p>	
<p>43. NAME OF COUNTY</p>		<p>44. NAME OF ZIP CODE</p>		<p>45. NAME OF DISTRICT</p>	
<p>46. NAME OF WARD</p>		<p>47. NAME OF ROOM</p>		<p>48. NAME OF BED</p>	
<p>49. NAME OF DOCTOR</p>		<p>50. NAME OF NURSE</p>		<p>51. NAME OF ATTENDING PHYSICIAN</p>	
<p>52. NAME OF HOSPITAL</p>		<p>53. NAME OF CITY</p>		<p>54. NAME OF STATE</p>	
<p>55. NAME OF COUNTY</p>		<p>56. NAME OF ZIP CODE</p>		<p>57. NAME OF DISTRICT</p>	
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<p>67. NAME OF COUNTY</p>		<p>68. NAME OF ZIP CODE</p>		<p>69. NAME OF DISTRICT</p>	
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<p>76. NAME OF HOSPITAL</p>		<p>77. NAME OF CITY</p>		<p>78. NAME OF STATE</p>	
<p>79. NAME OF COUNTY</p>		<p>80. NAME OF ZIP CODE</p>		<p>81. NAME OF DISTRICT</p>	
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<p>85. NAME OF DOCTOR</p>		<p>86. NAME OF NURSE</p>		<p>87. NAME OF ATTENDING PHYSICIAN</p>	
<p>88. NAME OF HOSPITAL</p>		<p>89. NAME OF CITY</p>		<p>90. NAME OF STATE</p>	
<p>91. NAME OF COUNTY</p>		<p>92. NAME OF ZIP CODE</p>		<p>93. NAME OF DISTRICT</p>	
<p>94. NAME OF WARD</p>		<p>95. NAME OF ROOM</p>		<p>96. NAME OF BED</p>	
<p>97. NAME OF DOCTOR</p>		<p>98. NAME OF NURSE</p>		<p>99. NAME OF ATTENDING PHYSICIAN</p>	
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<p>121. NAME OF DOCTOR</p>		<p>122. NAME OF NURSE</p>		<p>123. NAME OF ATTENDING PHYSICIAN</p>	
<p>124. NAME OF HOSPITAL</p>		<p>125. NAME OF CITY</p>		<p>126. NAME OF STATE</p>	
<p>127. NAME OF COUNTY</p>		<p>128. NAME OF ZIP CODE</p>		<p>129. NAME OF DISTRICT</p>	
<p>130. NAME OF WARD</p>		<p>131. NAME OF ROOM</p>		<p>132. NAME OF BED</p>	
<p>133. NAME OF DOCTOR</p>		<p>134. NAME OF NURSE</p>		<p>135. NAME OF ATTENDING PHYSICIAN</p>	
<p>136. NAME OF HOSPITAL</p>		<p>137. NAME OF CITY</p>		<p>138. NAME OF STATE</p>	
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<p>145. NAME OF DOCTOR</p>		<p>146. NAME OF NURSE</p>		<p>147. NAME OF ATTENDING PHYSICIAN</p>	
<p>148. NAME OF HOSPITAL</p>		<p>149. NAME OF CITY</p>		<p>150. NAME OF STATE</p>	
<p>151. NAME OF COUNTY</p>		<p>152. NAME OF ZIP CODE</p>		<p>153. NAME OF DISTRICT</p>	
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<p>157. NAME OF DOCTOR</p>		<p>158. NAME OF NURSE</p>		<p>159. NAME OF ATTENDING PHYSICIAN</p>	
<p>160. NAME OF HOSPITAL</p>		<p>161. NAME OF CITY</p>		<p>162. NAME OF STATE</p>	
<p>163. NAME OF COUNTY</p>		<p>164. NAME OF ZIP CODE</p>		<p>165. NAME OF DISTRICT</p>	
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<p>169. NAME OF DOCTOR</p>		<p>170. NAME OF NURSE</p>		<p>171. NAME OF ATTENDING PHYSICIAN</p>	
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<p>244. NAME OF HOSPITAL</p>		<p>245. NAME OF CITY</p>		<p>246. NAME OF STATE</p>	
<p>247. NAME OF COUNTY</p>		<p>248. NAME OF ZIP CODE</p>		<p>249. NAME OF DISTRICT</p>	
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<p>253. NAME OF DOCTOR</p>		<p>254. NAME OF NURSE</p>		<p>255. NAME OF ATTENDING PHYSICIAN</p>	
<p>256. NAME OF HOSPITAL</p>		<p>257. NAME OF CITY</p>		<p>258. NAME OF STATE</p>	
<p>259. NAME OF COUNTY</p>		<p>260. NAME OF ZIP CODE</p>		<p>261. NAME OF DISTRICT</p>	
<p>262. NAME OF WARD</p>		<p>263. NAME OF ROOM</p>		<p>264. NAME OF BED</p>	
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<p>295. NAME OF COUNTY</p>		<p>296. NAME OF ZIP CODE</p>		<p>297. NAME OF DISTRICT</p>	
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<p>301. NAME OF DOCTOR</p>		<p>302. NAME OF NURSE</p>		<p>303. NAME OF ATTENDING PHYSICIAN</p>	
<p>304. NAME OF HOSPITAL</p>		<p>305. NAME OF CITY</p>		<p>306. NAME OF STATE</p>	
<p>307. NAME OF COUNTY</p>		<p>308. NAME OF ZIP CODE</p>		<p>309. NAME OF DISTRICT</p>	
<p>310. NAME OF WARD</p>		<p>311. NAME OF ROOM</p>		<p>312. NAME OF BED</p>	
<p>313. NAME OF DOCTOR</p>		<p>314. NAME OF NURSE</p>		<p>315. NAME OF ATTENDING PHYSICIAN</p>	
<p>316. NAME OF HOSPITAL</p>		<p>317. NAME OF CITY</p>		<p>318. NAME OF STATE</p>	
<p>319. NAME OF COUNTY</p>		<p>320. NAME OF ZIP CODE</p>		<p>321. NAME OF DISTRICT</p>	
<p>322. NAME OF WARD</p>		<p>323. NAME OF ROOM</p>		<p>324. NAME OF BED</p>	
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<p>328. NAME OF HOSPITAL</p>		<p>329. NAME OF CITY</p>		<p>330. NAME OF STATE</p>	
<p>331. NAME OF COUNTY</p>		<p>332. NAME OF ZIP CODE</p>		<p>333. NAME OF DISTRICT</p>	
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<p>340. NAME OF HOSPITAL</p>		<p>341. NAME OF CITY</p>		<p>342. NAME OF STATE</p>	
<p>343. NAME OF COUNTY</p>		<p>344. NAME OF ZIP CODE</p>		<p>345. NAME OF DISTRICT</p>	
<p>346. NAME OF WARD</p>		<p>347. NAME OF ROOM</p>		<p>348. NAME OF BED</p>	
<p>349. NAME OF DOCTOR</p>		<p>350. NAME OF NURSE</p>		<p>351. NAME OF ATTENDING PHYSICIAN</p>	
<p>352. NAME OF HOSPITAL</p>		<p>353. NAME OF CITY</p>		<p>354. NAME OF STATE</p>	
<p>355. NAME OF COUNTY</p>		<p>356. NAME OF ZIP CODE</p>		<p>357. NAME OF DISTRICT</p>	
<p>358. NAME OF WARD</p>		<p>359. NAME OF ROOM</p>		<p>360. NAME OF BED</p>	
<p>361. NAME OF DOCTOR</p>		<p>362. NAME OF NURSE</p>		<p>363. NAME OF ATTENDING PHYSICIAN</p>	
<p>364. NAME OF HOSPITAL</p>		<p>365. NAME OF CITY</p>		<p>366. NAME OF STATE</p>	
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<p>370. NAME OF WARD</p>		<p>371. NAME OF ROOM</p>		<p>372. NAME OF BED</p>	
<p>373. NAME OF DOCTOR</p>		<p>374. NAME OF NURSE</p>		<p>375. NAME OF ATTENDING PHYSICIAN</p>	
<p>376. NAME OF HOSPITAL</p>		<p>377. NAME OF CITY</p>		<p>378. NAME OF STATE</p>	
<p>379. NAME OF COUNTY</p>		<p>380. NAME OF ZIP CODE</p>		<p>381. NAME OF DISTRICT</p>	
<p>382. NAME OF WARD</p>		<p>383. NAME OF ROOM</p>		<p>384. NAME OF BED</p>	
<p>385. NAME OF DOCTOR</p>		<p>386. NAME OF NURSE</p>		<p>387. NAME OF ATTENDING PHYSICIAN</p>	
<p>388. NAME OF HOSPITAL</p>		<p>389. NAME OF CITY</p>		<p>390. NAME OF STATE</p>	
<p>391. NAME OF COUNTY</p>		<p>392. NAME OF ZIP CODE</p>		<p>393. NAME OF DISTRICT</p>	
<p>394. NAME OF WARD</p>		<p>395. NAME OF ROOM</p>		<p>396. NAME OF BED</p>	
<p>397. NAME OF DOCTOR</p>		<p>398. NAME OF NURSE</p>		<p>399. NAME OF ATTENDING PHYSICIAN</p>	
<p>400. NAME OF HOSPITAL</p>		<p>401. NAME OF CITY</p>		<p>402. NAME OF STATE</p>	
<p>403. NAME OF COUNTY</p>		<p>404. NAME OF ZIP CODE</p>		<p>405. NAME OF DISTRICT</p>	
<p>406. NAME OF WARD</p>		<p>407. NAME OF ROOM</p>		<p>408. NAME OF BED</p>	
<p>409. NAME OF DOCTOR</p>		<p>410. NAME OF NURSE</p>		<p>411. NAME OF ATTENDING PHYSICIAN</p>	
<p>412. NAME OF HOSPITAL</p>		<p>413. NAME OF CITY</p>		<p>414. NAME OF STATE</p>	
<p>415. NAME OF COUNTY</p>		<p>416. NAME OF ZIP CODE</p>		<p>417. NAME OF DISTRICT</p>	
<p>418. NAME OF WARD</p>		<p>419. NAME OF ROOM</p>		<p>420. NAME OF BED</p>	
<p>421. NAME OF DOCTOR</p>		<p>422. NAME OF NURSE</p>		<p>423. NAME OF ATTENDING PHYSICIAN</p>	
<p>424. NAME OF HOSPITAL</p>		<p>425. NAME OF CITY</p>		<p>426. NAME OF STATE</p>	
<p>427. NAME OF COUNTY</p>		<p>428. NAME OF ZIP CODE</p>		<p>429. NAME OF DISTRICT</p>	
<p>430. NAME OF WARD</p>		<p>431. NAME OF ROOM</p>		<p>432. NAME OF BED</p>	
<p>433. NAME OF DOCTOR</p>		<p>434. NAME OF NURSE</p>		<p>435. NAME OF ATTENDING PHYSICIAN</p>	
<p>436. NAME OF HOSPITAL</p>		<p>437. NAME OF CITY</p>		<p>438. NAME OF STATE</p>	
<p>439. NAME OF COUNTY</p>		<p>440. NAME OF ZIP CODE</p>		<p>441. NAME OF DISTRICT</p>	
<p>442. NAME OF WARD</p>		<p>443. NAME OF ROOM</p>		<p>444. NAME OF BED</p>	
<p>445. NAME OF DOCTOR</p>		<p>446. NAME OF NURSE</p>		<p>447. NAME OF ATTENDING PHYSICIAN</p>	
<p>448. NAME OF HOSPITAL</p>		<p>449. NAME OF CITY</p>		<p>450. NAME OF STATE</p>	
<p>451. NAME OF COUNTY</p>		<p>452. NAME OF ZIP CODE</p>		<p>453. NAME OF DISTRICT</p>	
<p>454. NAME OF WARD</p>		<p>455. NAME OF ROOM</p>		<p>456. NAME OF BED</p>	
<p>457. NAME OF DOCTOR</p>		<p>458. NAME OF NURSE</p>		<p>459. NAME OF ATTENDING PHYSICIAN</p>	
<p>460. NAME OF HOSPITAL</p>		<p>461. NAME OF CITY</p>		<p>462. NAME OF STATE</p>	
<p>463. NAME OF COUNTY</p>		<p>464. NAME OF ZIP CODE</p>		<p>465. NAME OF DISTRICT</p>	
<p>466. NAME OF WARD</p>		<p>467. NAME OF ROOM</p>		<p>468. NAME OF BED</p>	
<p>469. NAME OF DOCTOR</p>		<p>470. NAME OF NURSE</p>			

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1571
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mrs. Elisha J. Greaser			2. DATE OF DEATH February 10, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 3806 Falls Road			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 2 years			D. STREET ADDRESS (If rural, give location) 3806 Falls Road		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 24, 1878		9. AGE (In years last birthday) 74
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME Elisha Parks			14. MOTHER'S MAIDEN NAME Mary M. Harris		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Melvin Spencer		
			ADDRESS 3806 Falls Road		

18. 422.2 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocarditis, chronic		CAUSE OF DEATH (A) Myocarditis, chronic	INTERVAL BETWEEN ONSET AND DEATH 3 yrs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Cachexia	3 yrs
		(C) Parkinson's Disease	8 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb 1932 to Feb 10, 1953 that I last saw the deceased alive on Jan 28, 1953 and that death occurred at 8:30 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Rollin B. Hudson			23B. ADDRESS Towson Md		23C. DATE SIGNED 2/10/53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb. 13, 1953	24C. NAME OF CEMETERY OR CREMATORY May's Chapel		24D. LOCATION (City, town, or county) (State) Baltimore Co., Maryland
DATE RECEIVED BY LOCAL REGISTRAR FEB 12 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Burgee Funeral Home ADDRESS 3631 Falls Road	

Norace F. Burgee

DEATH CERTIFICATE

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

SEX

AGE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

NAME OF SPOUSE

NAME OF CHILDREN

DATE OF INTERMENT

NAME OF REGISTRAR

NAME OF WITNESSES

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 53 1572

BIRTH NO. 53 1572

1. NAME OF DECEASED
(Type or Print)

Mrs. Mary G. Pearce

2. DATE

OF DEATH February 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

5. FULL NAME OF (If not in hospital or institution, give street address or location)

917 W. 38th Street

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

917 W. 38th Street

c. Length of stay in Baltimore

50 years

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 28, 1886

9. AGE (In years last birthday)

66

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Seamstress

10B. KIND OF BUSINESS OR INDUSTRY

Dress Shop

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

U S A

13. FATHER'S NAME

Talbott White

14. MOTHER'S MAIDEN NAME

Emma

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

?

17. INFORMANT

Walter A. Pearce

ADDRESS

917 W. 38th Street

18. 421.4

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 8.15 Pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 13, 1953

24C. NAME OF CEMETERY OR CREMATORY

Stewartstown

24D. LOCATION (City, town, or county)

Stewartstown, Pennsylvania

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burgee Funeral Home

3631 Falls Road

6904G Horace F. Burgee

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians write the causes of death clearly and legibly.

DEPARTMENT OF HEALTH
BUREAU OF VETERINARY MEDICINE
WASHINGTON, D. C.

Collected from
Sufferers

Collected from
Sufferers

C-436
53 1573BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1573
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Emerson Lee Caltrider

2. DATE

OF DEATH February 11, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1300 W. 41st Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1300 W. 41st Street

c. Length of stay in Baltimore

75 years

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 12, 1868

9. AGE (In years last birthday)

85

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Stone Mason

10B. KIND OF BUSINESS OR INDUSTRY

Building

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U S A

13. FATHER'S NAME

Jacob Caltrider

14. MOTHER'S MAIDEN NAME

Anna Mary

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

215-18-7098

17. INFORMANT

ADDRESS

Mrs. Vola C. Norment 1300 W. 41st Street

18.

332X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 6, 1952, to Feb. 11, 1953, that I last saw the deceased alive on Feb 7, 1953, and that death occurred at 9A m., from the causes and on the date stated above.

23A. SIGNATURE

H. H. Smith

M. D.

23B. ADDRESS

3427 Chestnut St

23C. DATE SIGNED

2/11/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 14, 1953

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park

24D. LOCATION (City, town, or county)

Baltimore Co., Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burgess Funeral Home 3631 Falls Road

VS 150

Horace F. Burgess

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

NOT TO BE FILLED IN

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

AGE AT BIRTH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

AGE AT BIRTH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

200 WILLIAM R. FOX
53 1574BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1574
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Fox, Wm. R.

2. DATE
OF
DEATHFEBRUARY 10-1953
10-2-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hosp.

C. Length of stay in Baltimore

40 years

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED

WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Balto. 12

8. DATE OF BIRTH

July-9-1875

9. AGE (In years
last birthday)

77

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during last 12 months, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Marine Hospital

11. BIRTHPLACE (State or foreign country)

Va

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Fox

14. MOTHER'S MAIDEN NAME

Amanda

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No.

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. Norman C. Brooks 723 E. Belvedere Ave

ADDRESS

18.

153 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma, sigmoid colon
& metastases

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

ACVD, Senile Emphysema

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-19, 1953 to 2-10, 1953, that I last saw the
deceased alive on 2-10, 1953 and that death occurred at 9:22 p.m., from the causes and on the date stated above.

23A. SIGNATURE

W. G. Slough

23B. ADDRESS

Univ. Hosp.

23C. DATE SIGNED

2-10-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Feb. 13-1953

24C. NAME OF CEMETERY OR CREMATORY

St. Mary's (Hamden)

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Hall

25. FUNERAL DIRECTOR

Burgee Funeral Home

ADDRESS

3631 Falls Road

Horace F. Burgee

1901

EASTWICH CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Residence

Age

Sex

Color

Occupation

Education

Religion

Marital Status

Place of Birth

Date of Birth

Place of Death

Time of Death

Cause of Death

Signature of Physician

Signature of Registrar

Signature of Coroner

Signature of Minister

Signature of Undertaker

Signature of Burial

Signature of Interment

Signature of Burial

Signature of Interment

Signature of Burial

Signature of Interment

Signature of Burial

Signature of Interment

Signature of Burial

Signature of Interment

Signature of Burial

Signature of Interment

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1575

BIRTH NO. 53 1575

1. NAME OF DECEASED (Type or Print) <i>Harman Meyers</i>			2. DATE OF DEATH <i>11 Feb 1953</i> <i>4. a. m.</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1200 Valley St</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Little Sisters of the Poor</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 10-01</i>		
c. Length of stay in Baltimore <i>6 yrs</i>			D. STREET ADDRESS (If rural, give location) <i>1200 Valley St.</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>17 Aug 1882</i>	9. AGE (In years last birthday) <i>70</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Allegheny Co</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Henry Meyers</i>			14. MOTHER'S MAIDEN NAME <i>Mary Westerson</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Little Sisters of the Poor</i>		

18. <i>420.1</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Coronary Thrombosis</i>	<i>2 days</i>
ANTECEDENT CAUSES	(B) <i>Arterio Sclerosis</i>	<i>5 yrs</i>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Feb 1 -</i> , 1953, to <i>Feb 11 -</i> , 1953, that I last saw the deceased alive on <i>Feb 10 -</i> , 1953, and that death occurred at <i>4 A</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>E. Gell Hall MD</i>		23B. ADDRESS <i>1631 E North Ave</i>		23C. DATE SIGNED <i>Feb 11 - 1953</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>2/13/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Parkview</i>	
24D. LOCATION (City, town, or county) <i>Balto</i>		24E. FUNERAL DIRECTOR <i>Rite-Winfield</i>		24F. ADDRESS <i>900 E. Biddle St.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 12 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Rite-Winfield</i>	

STATEMENT OF HEALTH
 CERTIFICATE OF DEATH

1200 Valley St.
 Baltimore
 Maryland

Residence
 2/13/13 Baltimore
 Date of Death
 2/13/13

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1576

53 1576
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Richard L. Lindsey</i>			2. DATE OF DEATH <i>Feb. 9, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2203 Barclay St.</i>			C. CITY OR TOWN <i>Baltimore</i> (If outside corporate limits, write R.R. and give township)		
D. STREET ADDRESS (if rural, give location) <i>2203 Barclay St.</i>			E. CITY OR TOWN		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (if rural, give location)		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widower</i>	8. DATE OF BIRTH <i>Sept. 24, 1885</i>	9. AGE (In years last birthday) <i>67</i>	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Butler</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Bot. family</i>		11. BIRTHPLACE (State or foreign country) <i>Essex Co. Pa.</i>	
13. FATHER'S NAME <i>Leroy Lindsey</i>		14. MOTHER'S MAIDEN NAME <i>Emily Henson</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Mrs. Gerald Catherine Lindsey</i>	
18. <i>480X</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Asphyxial Pneumonia</i>			
ANTECEDENT CAUSES		(B) <i>Developed after influenza</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan 8, 1953</i> to <i>Feb. 9, 1953</i> that I last saw the deceased alive on <i>Feb. 9, 1953</i> and that death occurred at <i>11 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Wayland Jones</i>		23B. ADDRESS <i>1300 N. Fremont</i>		23C. DATE SIGNED <i>2/12/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Feb. 12, 1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St. Colvins</i>	
24D. LOCATION (City, town, or county) <i>Baltimore Md.</i>		24E. FUNERAL DIRECTOR <i>Huntington Funeral Home</i>		24F. ADDRESS <i>1631 Druid Hill Ave.</i>	

CERTIFICATE OF DEATH

NAME OF DECEASED		AGE		SEX		RACE		DATE OF DEATH		PLACE OF DEATH	
CAUSE OF DEATH		MANNER OF DEATH		OCCUPATION		EDUCATION		RELIGION		MARITAL STATUS	
SIGNATURE OF PHYSICIAN		SIGNATURE OF CORONER		SIGNATURE OF JURY		SIGNATURE OF DECEASED		SIGNATURE OF WITNESSES		SIGNATURE OF REGISTRAR	

DATE OF BIRTH		PLACE OF BIRTH		EDUCATION		OCCUPATION		RELIGION		MARITAL STATUS	
SIGNATURE OF PHYSICIAN		SIGNATURE OF CORONER		SIGNATURE OF JURY		SIGNATURE OF DECEASED		SIGNATURE OF WITNESSES		SIGNATURE OF REGISTRAR	

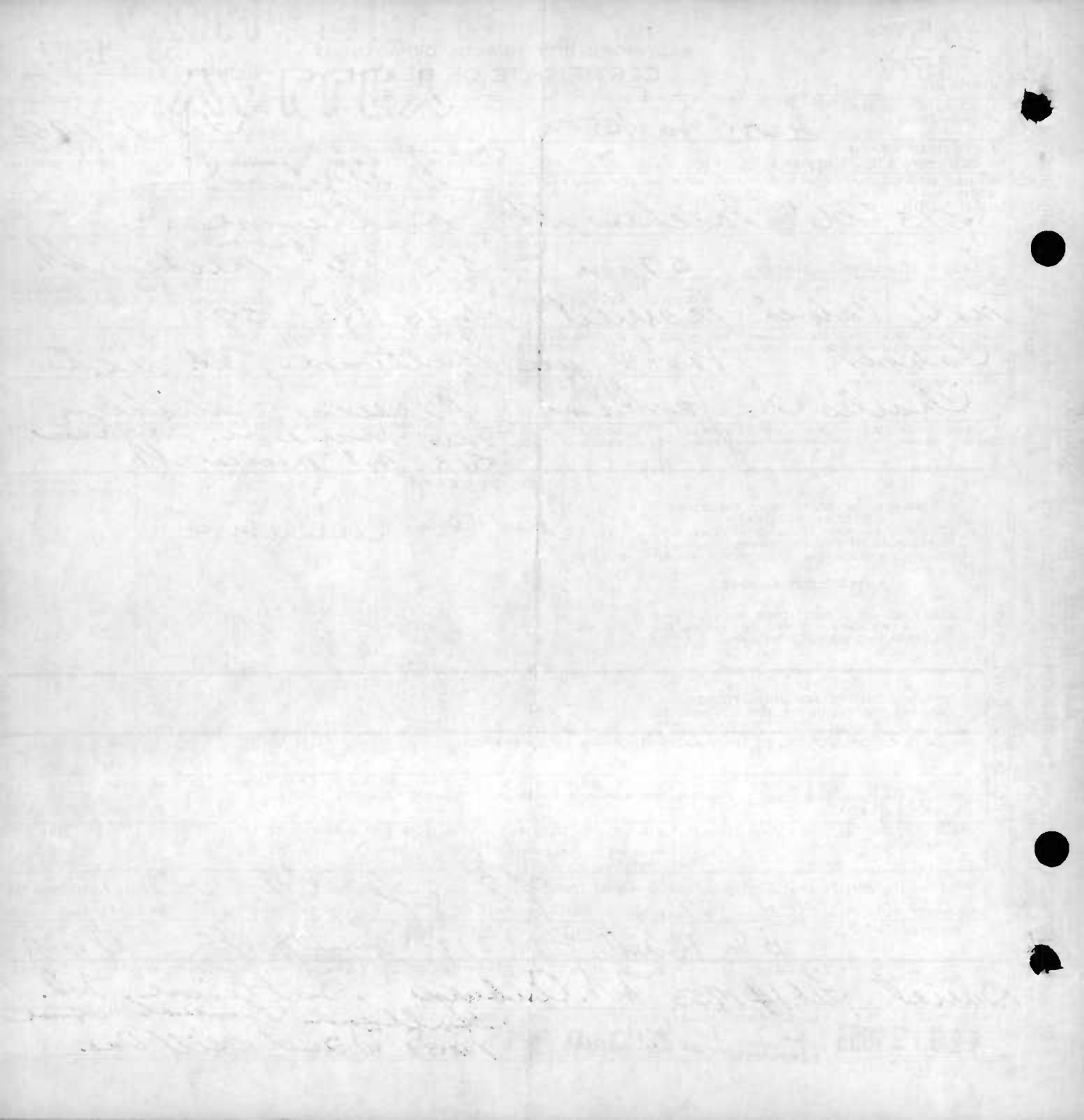
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1577

BIRTH NO. 250 1577		1. NAME OF DECEASED (Type or Print) <i>Lewis Jackson</i>		2. DATE OF DEATH <i>Feb. 11, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>513 Mc Mechen St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 14-02</i>			
C. Length of stay in Baltimore <i>57 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>513 Mc Mechen St.</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>July 15, 1895</i>	9. AGE (In years last birthday) <i>57</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Post Office</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>	
13. FATHER'S NAME <i>Charles A. Jackson</i>		14. MOTHER'S MAIDEN NAME <i>Rebecca Quigley</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Marie A. Jackson</i>	
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Occlusion</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2/7</i> , 19 <i>53</i> , to <i>2/11</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>2/11</i> , 19 <i>53</i> , and that death occurred at <i>8 P.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>B M Rutter</i>		23B. ADDRESS <i>2135 Woodhill Ave</i>		23C. DATE SIGNED <i>2/11-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Feb. 14, 1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St. Auburn</i>	
24D. LOCATION (City, town, or county) <i>Baltimore, Md.</i>		24E. LOCATION (City, town, or county) <i>Baltimore, Md.</i>		24F. LOCATION (City, town, or county) <i>Baltimore, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 12 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Funeral Home</i>	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1578

1. NAME OF DECEASED
(Type or Print)

Hattie Roberts

2. DATE
OF
DEATH 2-11-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Baltimore B. COUNTY Maryland

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1739 N. Bond St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Apr. 28, 1884

9. AGE (In years
last birthday)

69 yrs.

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

King & Queen C. D.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Ellen Robinson

14. MOTHER'S MAIDEN NAME

Ellen Robinson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.Mrs. Anna R. Johnson
1739 N. Bond St.

18. 324x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Generalized Arteriosclerosis
DUE TO Stroke.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (a. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 11, 1953, to Feb. 11, 1953, that I last saw the
deceased alive on Feb. 11, 1953, and that death occurred at A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

1400 N. Caroline St.

2-11-53

24A. BURIAL, CREM-
ATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 12 1953

Huntington Hill

1637 David Hill Ave.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1579

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Fearless M. Williams

2. DATE
OF
DEATH

Feb. 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE *Maryland* B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution)

1632 Division St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 14-00

C. Length of stay in Baltimore

70 yrs.

D. STREET ADDRESS (If rural, give location)

1632 Division St.

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Apr. 20, 1882

9. AGE (In years last birthday)

70

10 Under 1 Year 11 Under 24 Hours

Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

K. K. Attendant

10B. INDUSTRY

B & O. R. R.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Isaiah B. Williams

14. MOTHER'S MAIDEN NAME

Mary E. Prosser

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

1632 Division St.

18. *170X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Paget's Disease c metastasis

INTERVAL BETWEEN ONSET AND DEATH

6 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *April*, 19*52*, to *February*, 19*53*, that I last saw the deceased alive on *Feb. 10*, 19*53*, and that death occurred at *10 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

600 N. Arlington Avenue

2-12-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial Feb. 14, 1953

New Cathedral Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S ADDRESS

FEB 12 1953

Huntington Williams, Jr.

1651 Druid Hill Ave.

VS 150

69050

MARGIN RESERVED FOR BINDING

PLEASE PRINT PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

•

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1580

BIRTH NO. 52-24295

1. NAME OF DECEASED (Type or Print) BRUCE D. PRESTON			2. DATE OF DEATH Feb. 11, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION MERCY HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
D. STREET ADDRESS (If rural, give location) 4059 Annelen Rd.			E. Length of stay in Baltimore Yrs. Mos. Days		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH Oct. 28, 1952		9. AGE (In years, last birthday) 4
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore	
13. FATHER'S NAME WILLIAM G. PRESTON			14. MOTHER'S MAIDEN NAME CHARLOTTE W. BURNS		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS WM. G. PRESTON, 4059 ANNELLEN ROAD	

MEDICAL CERTIFICATION

18. 3400 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Meningitis, Influenza		CAUSE OF DEATH Hemorrhage	INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
DUE TO C Basilar Subarachnoid Hemorrhage			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 2/12/53		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb. 10, 1953 to Feb. 11, 1953 , that I last saw the deceased alive on Feb. 11, 1953 , and that death occurred at 2:45 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Martha Trione-Carter M. D.		23B. ADDRESS Mercy Hospital		23C. DATE SIGNED 2-11-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24B. DATE 2/12/53		24C. NAME OF CEMETERY OR CREMATORY MACHPELCH	
24D. LOCATION (City, town, or county) (State) NORTH BERGEN, N. J.		25. FUNERAL DIRECTOR Wm. Cook, Inc.		ADDRESS 1217 ST. PAUL ST.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 12 1953		REGISTRAR'S SIGNATURE Huntington Williams			

STATE OF TEXAS, COUNTY OF DALLAS

CERTIFICATE OF DEATH

My name is _____

I am _____ years of age

I was born _____

at _____

620
53 1581BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1581

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Harris

2. DATE
OF
DEATH

28-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland 156 Dolphin St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

156 Dolphin Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

Col

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

9. AGE (In years
last birthday)

75

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Harris Smith

14. MOTHER'S MAIDEN NAME

Ann Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Mildred Edwards 436 Dolphin St

18. 420.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-17-53, 1953 to 2-8-54, 1954, that I last saw the
deceased alive on 2-8-54, 1954 and that death occurred at 3:40 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 12 1954

Huntington Williams, Jr.

Sarah L Brown

108 W

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Susie Pierce

2. DATE
OF
DEATH

Feb 9, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

807 N. Mount St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

Balto.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

16-03

D. STREET ADDRESS (If rural, give location)

807 N. Mount St.

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Oct 4, 1883

9. AGE (in years
last birthday)

69

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Halifax N.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John

Facion

14. MOTHER'S MAIDEN NAME

Elizabeth Boyd

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Sadie Wilson

ADDRESS

807 N. Mount St.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)(A) Hypertensive Heart Disease
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Generalized Arteriosclerosis
DUE TO

(C) Coronary Infarction

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1952 to Feb 1953 that I last saw the
deceased alive on Feb 2, 1953, and that death occurred at 9 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Arthur E. West Jr.

M. D.

23B. ADDRESS

1902 Edmondson

23C. DATE SIGNED

2-12-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CERTIFICATE OF DEATH

THE DEPARTMENT OF HEALTH

STATE OF NEW YORK

1919

NEW YORK

DEATH OF

NAME

AGE

SEX

RACE

RELIGION

EDUCATION

OCCUPATION

DATE OF DEATH

PLACE OF DEATH

Cause of Death

Signature of Physician

Signature of Registrar

Signature of Coroner

Signature of Burial Officer

Signature of Minister of Religion

Signature of Undertaker

Signature of Family

Signature of Friends

Signature of Neighbors

Signature of Community

Signature of State

Signature of Nation

Signature of World

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 1583

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Trayer, Joshua G.

2. DATE
OF
DEATH

2-10-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2824 Riggs Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, ~~MARRIED~~,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

June 12, 1882

9. AGE (In years;
last birthday)

70

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Shipping clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Coal Co.

11. BIRTHPLACE (State or foreign country)

Md.

(Maryland)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Eugene Trayer

14. MOTHER'S MAIDEN NAME

Elizabeth Phelps

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

-

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mary Ellen Trayer - 2824 Riggs Ave.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral Thrombosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerotic cardio-vascular disease.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Corneal ulcer

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-14, 1952, to 2-10, 1953 that I last saw the
deceased alive on 2-10, 1953, and that death occurred at 4:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

W. S. Slager

M. D.

23B. ADDRESS

U. Hosp.

23C. DATE SIGNED

2-

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/13/53

24C. NAME OF CEMETERY OR CREMATORY

Prospect Cem.

24D. LOCATION (City, town, or county) (State)

Mt. Airy, Frederick Co., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Wm. F. Pickner & Sons

ADDRESS

Baltimore 17, Md.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1920

Name of Deceased		Age		Sex		Race		Marital Status		Occupation	
John Doe		45		Male		White		Married		Teacher	
Date of Death		Place of Death		Cause of Death		Disease or Injury		Duration of Illness		Time of Day	
Jan 15, 1920		Home		Heart Failure		Myocardial Infarction		2 Weeks		10:30 AM	
Signature of Physician		Signature of Registrar		Signature of Coroner		Signature of Burial Officer		Signature of Undertaker		Signature of Witness	
[Signature]		[Signature]		[Signature]		[Signature]		[Signature]		[Signature]	
Name of Burial Place		Name of Burial Officer		Name of Undertaker		Name of Witness		Name of Coroner		Name of Registrar	
St. Mary's Church		John Smith		John Doe		John Doe		John Doe		John Doe	
Date of Burial		Place of Burial		Cause of Burial		Disease or Injury		Duration of Illness		Time of Day	
Jan 16, 1920		St. Mary's Church		Heart Failure		Myocardial Infarction		2 Weeks		10:30 AM	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1584

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HENRY A. SERVARY

2. DATE
OF
DEATH

Feb. 11, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Colonial Nursing Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Catonsville

D. STREET ADDRESS (If rural, give location)

617 Orpington Road

c. Length of stay in Baltimore

6 yrs.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

11/27/1859

9. AGE (In years
last birthday)

93

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Night Watchman

10B. KIND OF BUSINESS OR
INDUSTRY

Union Trust Bank

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?
U. S. A.

13. FATHER'S NAME

Gabriel E Servary

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

Gabriel E. Servary 617 Orpington Road

Catonsville, Md.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

(A) ACUTE PULMONARY EDEMA

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) ARTERIO SCLEROTIC CARDIAC -

VASCULAR DISEASE -

(C) EDEMA

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1, 1953 to 2/11, 1953, that I last saw the
deceased alive on 2/11, 1953, and that death occurred at 2:30 AM., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

2/14/53

Loudon Park Cemetery

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 12 1953

Huntington

1919

6 Astor Lane

Catonsville, Md.

CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age	
4. Date of Death		5. Time of Death		6. Place of Death	
7. Cause of Death		8. Manner of Death		9. Signature of Registrar	
10. Signature of Medical Officer		11. Signature of Coroner		12. Signature of Police Officer	
13. Signature of Family Member		14. Signature of Priest		15. Signature of Minister	
16. Signature of Other		17. Signature of Other		18. Signature of Other	
19. Signature of Other		20. Signature of Other		21. Signature of Other	
22. Signature of Other		23. Signature of Other		24. Signature of Other	
25. Signature of Other		26. Signature of Other		27. Signature of Other	
28. Signature of Other		29. Signature of Other		30. Signature of Other	
31. Signature of Other		32. Signature of Other		33. Signature of Other	
34. Signature of Other		35. Signature of Other		36. Signature of Other	
37. Signature of Other		38. Signature of Other		39. Signature of Other	
40. Signature of Other		41. Signature of Other		42. Signature of Other	
43. Signature of Other		44. Signature of Other		45. Signature of Other	
46. Signature of Other		47. Signature of Other		48. Signature of Other	
49. Signature of Other		50. Signature of Other		51. Signature of Other	
52. Signature of Other		53. Signature of Other		54. Signature of Other	
55. Signature of Other		56. Signature of Other		57. Signature of Other	
58. Signature of Other		59. Signature of Other		60. Signature of Other	
61. Signature of Other		62. Signature of Other		63. Signature of Other	
64. Signature of Other		65. Signature of Other		66. Signature of Other	
67. Signature of Other		68. Signature of Other		69. Signature of Other	
70. Signature of Other		71. Signature of Other		72. Signature of Other	
73. Signature of Other		74. Signature of Other		75. Signature of Other	
76. Signature of Other		77. Signature of Other		78. Signature of Other	
79. Signature of Other		80. Signature of Other		81. Signature of Other	
82. Signature of Other		83. Signature of Other		84. Signature of Other	
85. Signature of Other		86. Signature of Other		87. Signature of Other	
88. Signature of Other		89. Signature of Other		90. Signature of Other	
91. Signature of Other		92. Signature of Other		93. Signature of Other	
94. Signature of Other		95. Signature of Other		96. Signature of Other	
97. Signature of Other		98. Signature of Other		99. Signature of Other	
100. Signature of Other		101. Signature of Other		102. Signature of Other	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 1585

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LEON ADAMSKI			2. DATE OF DEATH February 9, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION 514 S. Wolfe Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 45 yrs			D. STREET ADDRESS (If rural, give location) 514 S. Wolfe Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 10, 1891	9. AGE (in years last birthday) 61	If Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter Helper			10B. KIND OF BUSINESS OR INDUSTRY Steel Mfg.		
11. BIRTHPLACE (State or foreign country) Poland			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Paul Adamski			14. MOTHER'S MAIDEN NAME Maryanna Ustewiec		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 213 07 6501		
17. INFORMANT Mrs. Maryanna Adamski, 514 S. Wolfe Street			ADDRESS		

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Anterolateral Cardiac Vascular Disease		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary Sclerosis		(A) DUE TO	
		(B) DUE TO	
		(C) DUE TO	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT Emphysema due to Chronic Sinitis	
---	--

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July , 19 52 , to Feb 9 , 19 53 , that I last saw the deceased alive on Feb. 8 , 19 53 , and that death occurred at 5:30 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Paul J. Jannone		23B. ADDRESS 2711 Eastern Ave.		23C. DATE SIGNED 2/10/53	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/13/53		24C. NAME OF CEMETERY OR CREMATORY Holy Rosary		24D. LOCATION (City or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR FEB 12 1953		REGISTRAR'S SIGNATURE Huntington		25. FUNERAL DIRECTOR M. F. SADOWSKI & SONS, 1808 EASTERN AVENUE		ADDRESS	

CERTIFICATE OF DEATH

1924

1924

1924

1924

1924

1924

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1586

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANCES CRIST

2. DATE
OF
DEATH February 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2031 Fleet Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

2031 Fleet Street

c. Length of stay in Baltimore Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

November 30, 1893

9. AGE (in years
last birthday)

59

10. Under 1 Year
Months Days11. Under 24 hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Food Packer

10B. KIND OF BUSINESS OR
INDUSTRY

Food Canning

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Peter Wagner (Ciupinski)

14. MOTHER'S MAIDEN NAME

Elizabeth Wisniewski

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
213 16 9126

17. INFORMANT

ADDRESS

Mrs. Bertha Frederick, 2822 Pelham Avenue

18. 151X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) *Carcinoma of stomach & metastases*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)
INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.*generalized arterio-sclerosis*

19A. DATE OF OPERATION

Jan 3, 1953

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of stomach & metastases

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 9, 1953, to Feb 10, 1953, that I last saw the
deceased alive on Feb 9, 1953, and that death occurred at 1:04 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. J. H. Temple

M. D.

23B. ADDRESS

4000 E. Pratt St

23C. DATE SIGNED

*2/10/53*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/14/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Rosary

24D. LOCATION (City, town or county) (State)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Hall

25. FUNERAL DIRECTOR

M. F. SADOWSKI & SONS, 1808 EASTERN AVENUE

690 40 Charles D. Sadowski

STATE OF CALIFORNIA
COUNTY OF LOS ANGELES

Blank lined form with horizontal ruling lines.

M-200

53 1587

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1587

1. NAME OF DECEASED (Type or Print) <i>Elizabeth L. M^c Cos</i>		2. DATE OF DEATH <i>Feb. 10, 1953</i>	
3. PLACE OF DEATH A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Provident Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 13-07</i>	
c. Length of stay in Baltimore <i>40 years</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1008 St. 42nd St.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Aug. 5, 1889</i>
9. AGE (in years last birthday) <i>63</i>		10. UNDER 1 Year Months: Days	11. UNDER 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Int. Family</i>	
11. BIRTHPLACE (State or foreign country) <i>Norfolk, Va.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Aaron Elliott</i>		14. MOTHER'S MAIDEN NAME <i>Mary</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <i>Mr. George C. Barwell</i>	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		18. CAUSE OF DEATH	
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) A. <i>Cerebral Hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>?</i>	
B. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO	
C. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		DUE TO	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Feb. 9</i> , 1953, to <i>Feb. 10</i> , 1953, that I last saw the deceased alive on <i>Feb. 10</i> , 1953, and that death occurred at <i>9</i> a. m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Stanford P. Munroe</i>		23B. ADDRESS <i>2309 Smith Hill Ave</i>	
23C. DATE SIGNED <i>2-12-53</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>Feb. 12, 1953</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Gloucester Field</i>		24D. LOCATION (City, town, or county) (State) <i>Gloucester Va</i>	
25. DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 12 1953</i>		25. REGISTRAR'S SIGNATURE <i>Thurston</i>	
26. FUNERAL DIRECTOR <i>Barwell</i>		26. ADDRESS <i>Smith Hill Ave</i>	

VS 150

7208A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N 82010

8831

DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Dr C W Peake
4608 Stanford Rd. Sta. 0761

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 1589

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HENRIETTA

SHAW

2. DATE
OF
DEATH

February 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

and given township

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Baltimore City Morgue

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1335 Mosher Street

C. Length of stay in Baltimore

?

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

1900

9. AGE (In years
last birthday)

52

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H. Wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Henry Brown

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Marcellus Shaw 1335 Mosher St.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
M.D. ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Feb. 11, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/14/53

24C. NAME OF CEMETERY OR CREMATORY

Balto. Nat

24D. LOCATION (City, town, or county)

Balto. Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Geo. G. Kelson 1303 Presston St.

Geo. G. Kelson

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1590

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Hannah Jonderheit

2. DATE
OF
DEATH

2/11/1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto. Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Md.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

So. Balto. Gen. Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto. City 22-01

D. STREET ADDRESS (If rural, give location)

18 E. York St.

C. Length of stay in Baltimore

75 yrs.

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

?

9. AGE (In years
last birthday)

alt. 65

Under 1 Year

Months Days

Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Labor

10B. KIND OF BUSINESS OR
INDUSTRY

Matthew Factory

11. BIRTHPLACE (State or foreign country)

Phila. Pa.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

?

Lunkerman

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Wm Jonderheit 18 E. York St.

18. 481X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

- acute Endocarditis

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

- Influenza -

8 days

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☒
WORK AT WORK22. I hereby certify that I attended the deceased from Feb 3, 1953, to Feb 11, 1953, that I last saw the
deceased alive on Feb 6, 1953, and that death occurred at 9A. m., from the causes and on the date stated above.

23A. SIGNATURE

W. J. Melville

23B. ADDRESS

1779 William St.

23C. DATE SIGNED

2/12/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/13/53

24C. NAME OF CEMETERY OR CREMATORY

Balto. National

24D. LOCATION (City, town, or county) /

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

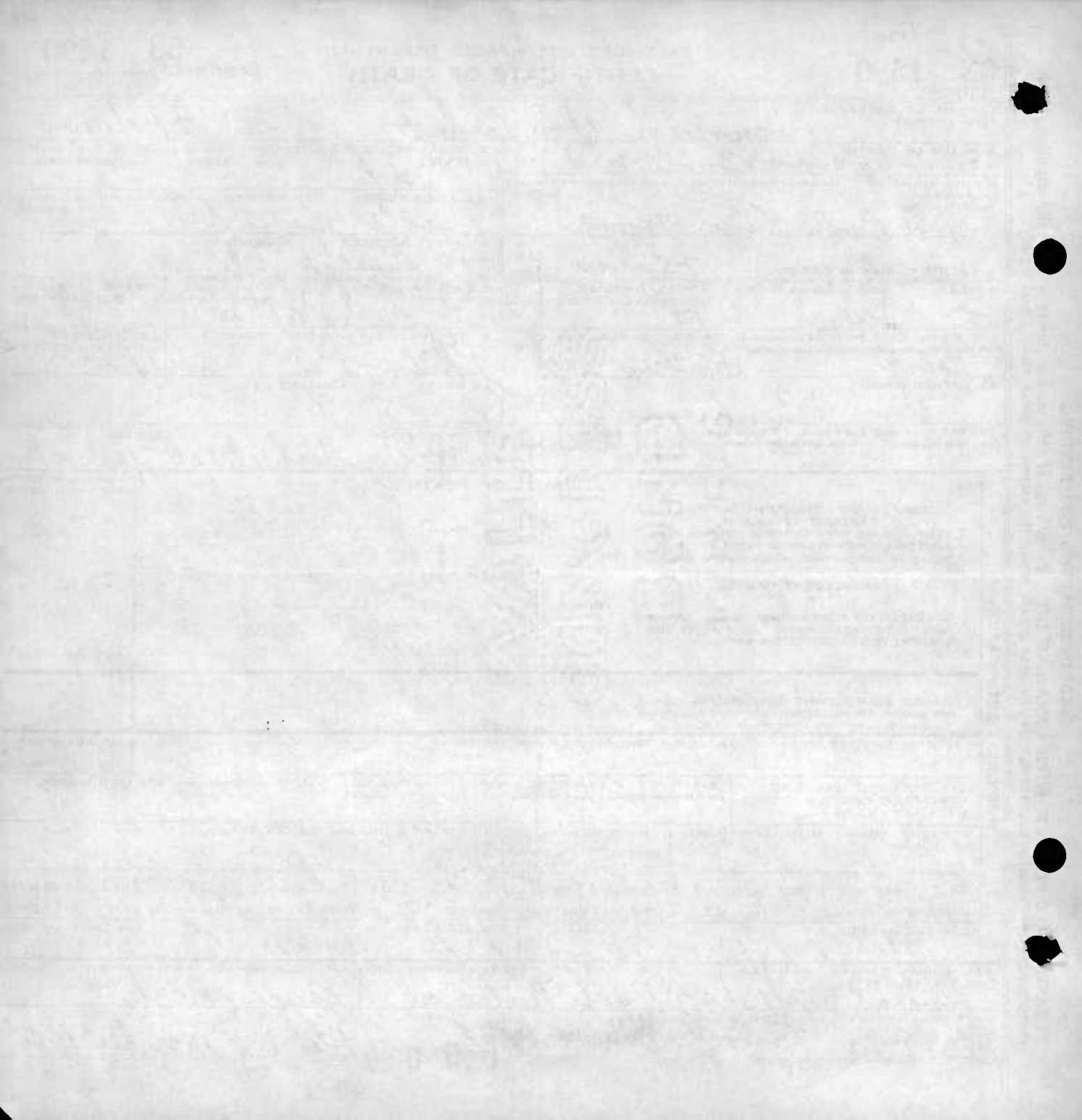
REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Fleming & Fleming 1426 Light St.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 1591BIRTH NO. 53 15911. NAME OF DECEASED
(Type or Print)KATHLEEN GRANT2. DATE
OF
DEATH2/12/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MarylandBaltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Monkton

D. STREET ADDRESS (If rural, give location)

Monkton, Md.

c. Length of stay in Baltimore

8Yes
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Single

8. DATE OF BIRTH

2/4/539. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.810A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF
WHAT COUNTRY?U. S. A.

13. FATHER'S NAME

Edward Grant

14. MOTHER'S MAIDEN NAME

Elizabeth Lee15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Edward C. Grant, Monkton Md. R.D.18. 756.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

(A) Mucosum ibers8 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Intestinal obstruction8 days(C) Dissected mucosum8 days

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2/7/53

19B. MAJOR FINDINGS OF OPERATION

Volvulus and partial malrotation

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/6/53, 1953, to 2/12/53, 1953, that I last saw the
deceased alive on 2/12/53, 1953, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

O. J. Wildbuerger

23B. ADDRESS

University Hospital

23C. DATE SIGNED

2/12/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BurialFebr. 13, 1953St. John's R.C. Cemetery New Freedom, York Co., Pa.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

HuntingtonIsaac K. Hartenstein, New Freedom, Pa.FEB 13 1953

VS 150

STATEMENT OF FACTS
CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

PLACE OF MARRIAGE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

PLACE OF MARRIAGE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

53 1592

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1592
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Christina Chant

2. DATE OF DEATH
Feb. 10 - 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Md

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

5404 Willomere Way

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-17

C. Length of stay in Baltimore

??

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

5404 Willomere Way

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Dec. 25, 1908

9. AGE (in years last birthday)

44

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own

11. BIRTHPLACE (State or foreign country)

Buffalo N.Y.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Edward Opitz

14. MOTHER'S MAIDEN NAME

Margery Daley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Harry L. Chant 5404 Willomere Way

ADDRESS

Way.

18. 170X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of the Breast, nt, c weeks head

INTERVAL BETWEEN ONSET AND DEATH
2 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Due to
(C) Due to
The last cases

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 10, 1951, to Feb. 10, 1953, that I last saw the deceased alive on Feb. 10, 1953, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Philip A. Tamm

M. D.

23B. ADDRESS

Johns Hopkins Hosp

23C. DATE SIGNED

2/12/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 13 1953

Huntington School

John A. Moran - 2001 E. Balto St

W H B Lewis

CERTIFICATE OF DEATH

County of _____

John J. Smith

Male

White

Single

Occupation

Residence

Age

Time of Death

Place of Death

Cause of Death

Signature of Physician

Signature of Registrar

Signature of Coroner

Signature of Minister

Signature of Undertaker

Signature of Burial

Signature of Interment

Signature of Burial

Signature of Interment

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 1593

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)GEORGE Ritter2. DATE
OF DEATH 2-10-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

203 S. Pulaski St.

C. CITY OR TOWN (If outside corporate limits, write full name of township)

BALTIMORE 20003

c. Length of stay in Baltimore

64 yrs.Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

203 S. Pulaski St.

5. SEX

MALE

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

JANUARY 18, 1878

9. AGE (In years last birthday)

78

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Shoemaker

10B. KIND OF BUSINESS OR INDUSTRY

Shoe Mfg.

11. BIRTHPLACE (State or foreign country)

GERMANY

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Ritter

14. MOTHER'S MAIDEN NAME

MARGARETHA

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

None

16. SOCIAL SECURITY NO.

213-70-3380

17. INFORMANT

ADDRESS

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Coronary Thrombosis 2 MINUTES

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Heart Disease 6 1/2 yrs

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sep 25, 1946 to Feb. 10, 1953 that I last saw the deceased alive on Feb 10, 1953, and that death occurred at 11:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Alfred Cole

M. D.

23B. ADDRESS

136 S. Hilton St.

23C. DATE SIGNED

Feb. 11, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

2-14-53

24C. NAME OF CEMETERY OR CREMATORY

HOLY REDEEMER

24D. LOCATION (City, town, or county)

BALTIMORE, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

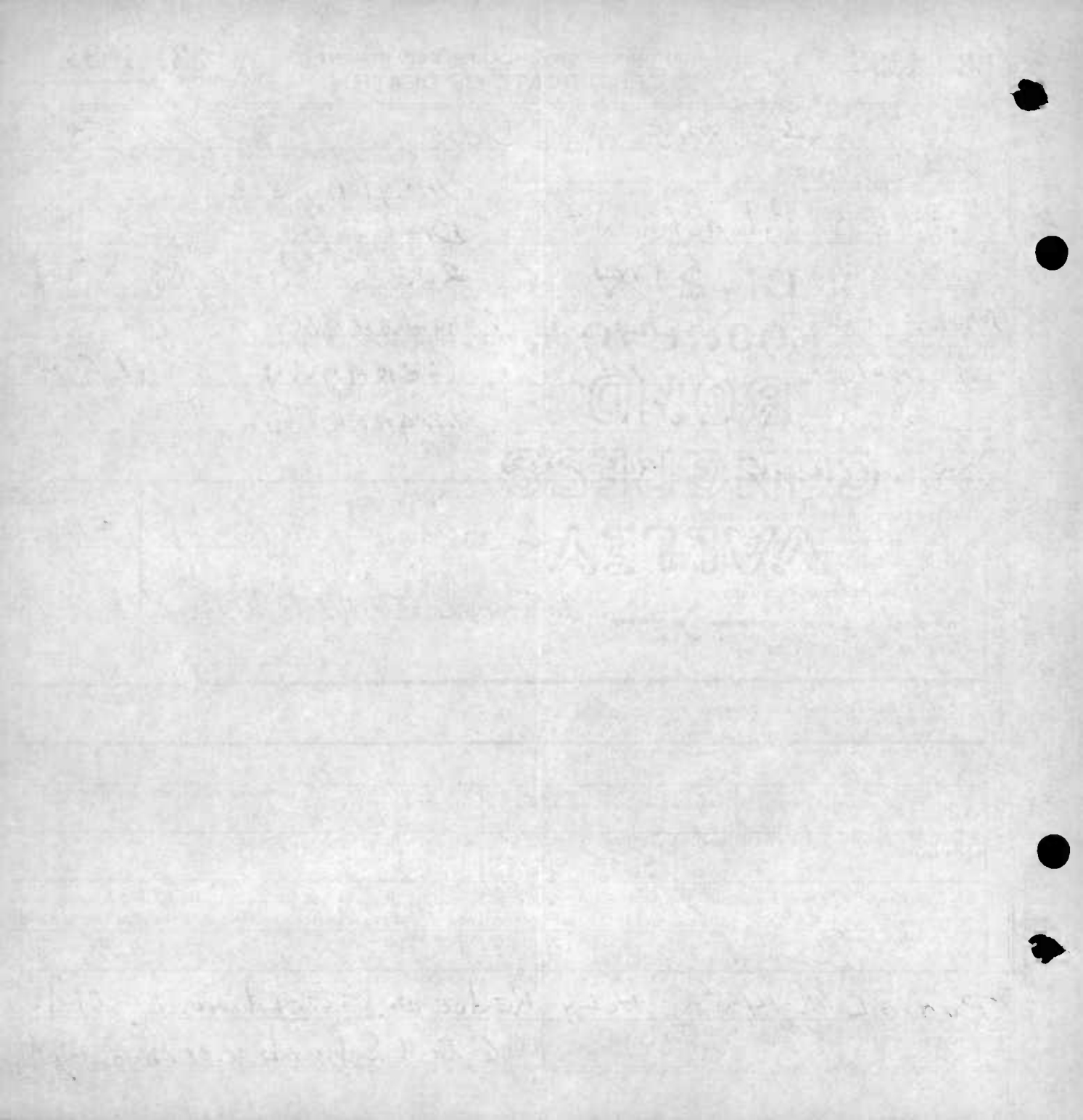
Thurston

25. FUNERAL DIRECTOR

GEO. L. Schwab 2101 FREDERICK

ADDRESS

Ave.



W 452
53 1594

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1594

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John W. Williams

2. DATE
OF
DEATH

February 12, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Union Memorial Hosp

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Cardiff

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

Cardiff, Maryland

6200

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Sept 12, 1876

9. AGE (In years
last birthday)

75

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

William W. Williams

14. MOTHER'S MAIDEN NAME

Ellen Perry

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

?

?

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

Mrs H. Raymond Mann

ADDRESS

County Club Manor
York, Pa

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

arteriosclerotic heart disease

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

generalized arteriosclerosis

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from Jan 21, 1953 to Feb 12, 1953 that I last saw the deceased alive on Feb 12, 1953, and that death occurred at 4:53 p.m., from the causes and on the date stated above.

23A. SIGNATURE

May Anne Poff

23B. ADDRESS

Union Memorial Hosp

23C. DATE SIGNED

Feb 12, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Buried Feb 15, 1953

Chapel Ridge Cemetery

Delta, Pa

Pa

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 13 1953

Huntington 5300, 121

1520 3-2, Gardiner Delta Pa

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1595

BIRTH NO. 53 1595

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

10-31-52

9. AGE (In years: last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

3

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Herbert Burdette

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. JOHN HOPKINS HOSPITAL ADDRESS

18. 754.4

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cyanotic Congenital Heart Disease Since type undetermined

birth

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-5, 1953, to 2-12, 1953, that I last saw the deceased alive on 2-12, 1953, and that death occurred at 6:55 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Robert E. Henderson

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

Feb. 12, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

FEB. 14 1953

24C. NAME OF CEMETERY OR CREMATORY

BETHESDA

24D. LOCATION (City, town, or county)

BROWNSVILLE, MD.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 15 1953

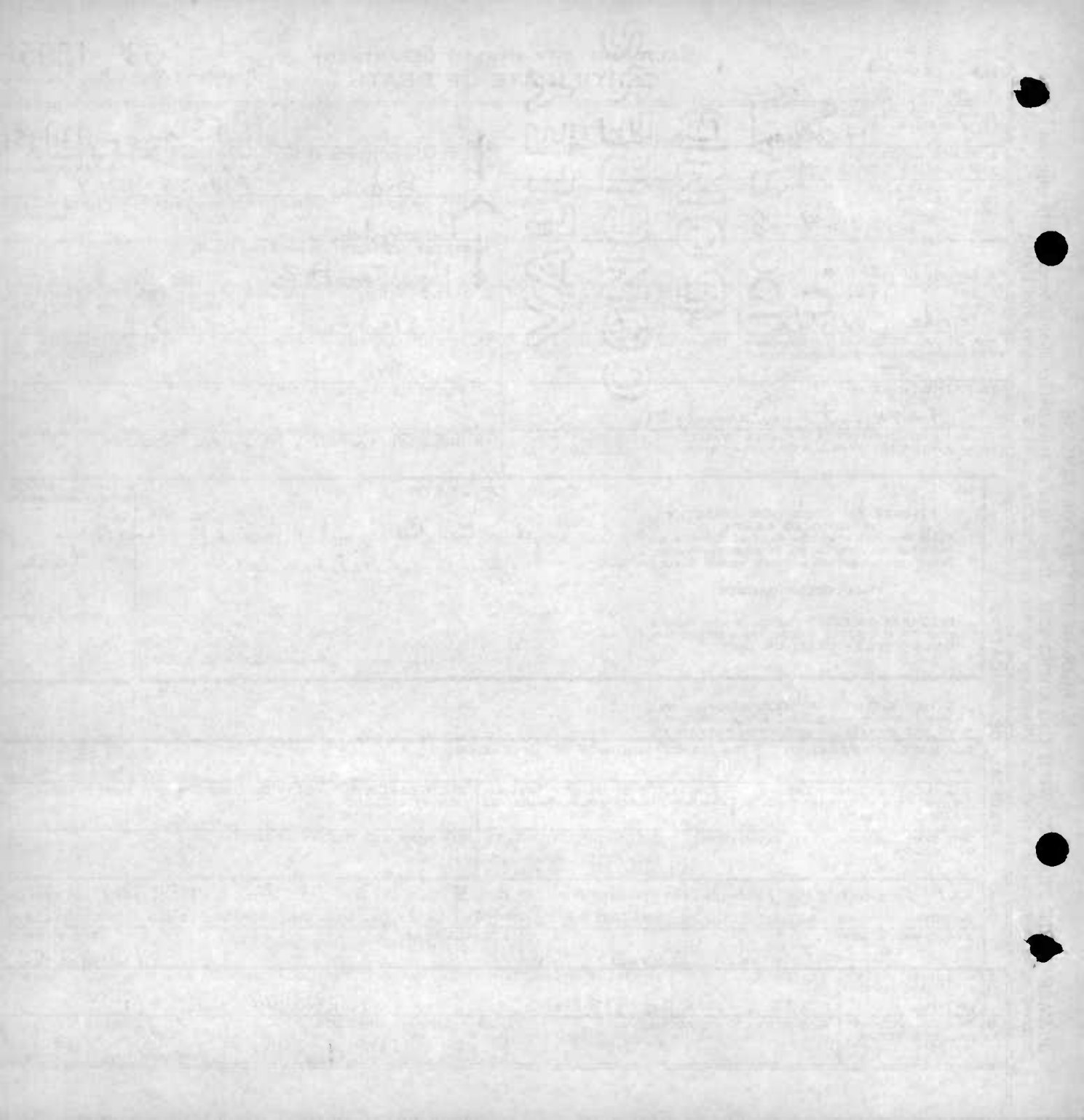
REGISTRAR'S SIGNATURE

Huntington S. Bacon, Jr.

25. FUNERAL DIRECTOR

Oliver E. Moberg, Damascus, Md.

ADDRESS



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

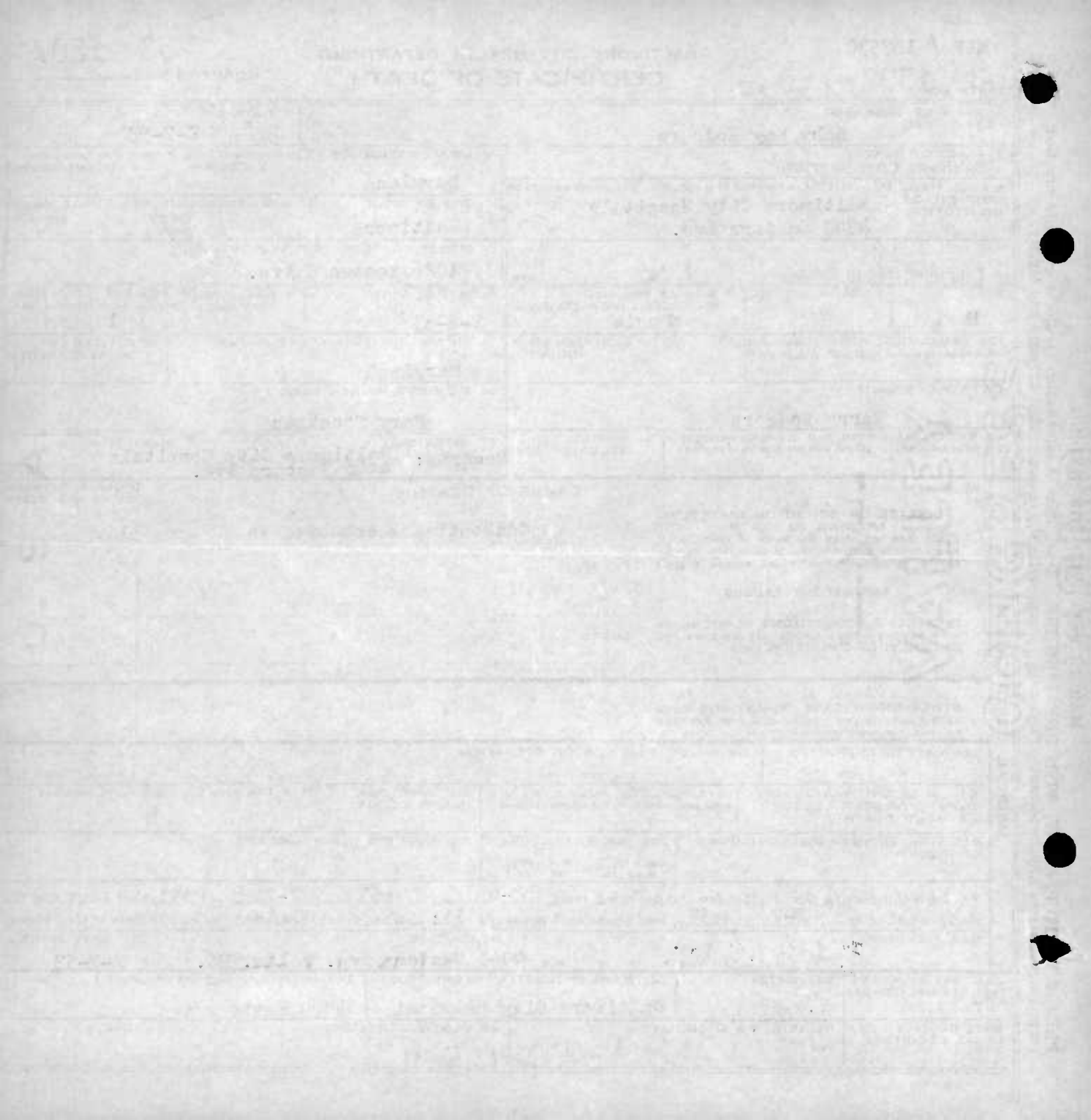
correct age especially important.

R-3 26
MAF / 167530
53 1597 53-03086

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1597
Registered No.

1. NAME OF DECEASED (Type or Print) Baby Boy Rodgers		2. DATE OF DEATH 2-7-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 1 day		D. STREET ADDRESS (If rural, give location) 1026 Homewood Ave.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 2-6-53
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 1
13. FATHER'S NAME Harry Rodgers		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Mary Stockman	
18. 754.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Congential Heart Disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		19. DATE OF OPERATION 2-7-53	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-6 , 19 53 , to 2-7 , 19 53 , that I last saw the deceased alive on 2-7 , 19 53 , and that death occurred all:25p.m. , from the causes and on the date stated above.			
23A. SIGNATURE <i>H. J. [Signature]</i>		23B. ADDRESS 4940 Eastern Ave. Balto. Md.	
23C. DATE SIGNED 2-7-53		24A. BURIAL, CREMATION, REMOVAL (Specify) Cremated	
24B. DATE 2.9.53		24C. NAME OF CEMETERY OR CREMATORY Baltimore City Hospital	
24D. LOCATION (City, town, or county) 4940 Eastern Ave		25. FUNERAL DIRECTOR Huntington 13110	
DATE RECEIVED BY LOCAL REGISTRAR FEB 13 1953		REGISTRAR'S SIGNATURE <i>[Signature]</i>	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 1596**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*JOSEPH Campbell*2. DATE
OF
DEATH*2-10-53*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)*MERCY HOSPITAL*

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

930 Madison Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years,

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry Campbell

14. MOTHER'S MAIDEN NAME

*Rosa Yates*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. *442X and 260X*DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

arteriosclerotic(A) *cardiovascular disease*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.*Diabetes Mellitus*

19A. DATE OF OPERATION

1/24/53

19B. MAJOR FINDINGS OF OPERATION

Diabetic Gangrene

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1-20*, 19*53*, to *2-10*, 19*53*, that I last saw the
deceased alive on *2-10*, 19*53*, and that death occurred at *1:05* p.m., from the causes and on the date stated above.

23A. SIGNATURE

Charles A. Ireland

M. D.

23B. ADDRESS

Emergency Dept

23C. DATE SIGNED

*2-10-53*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

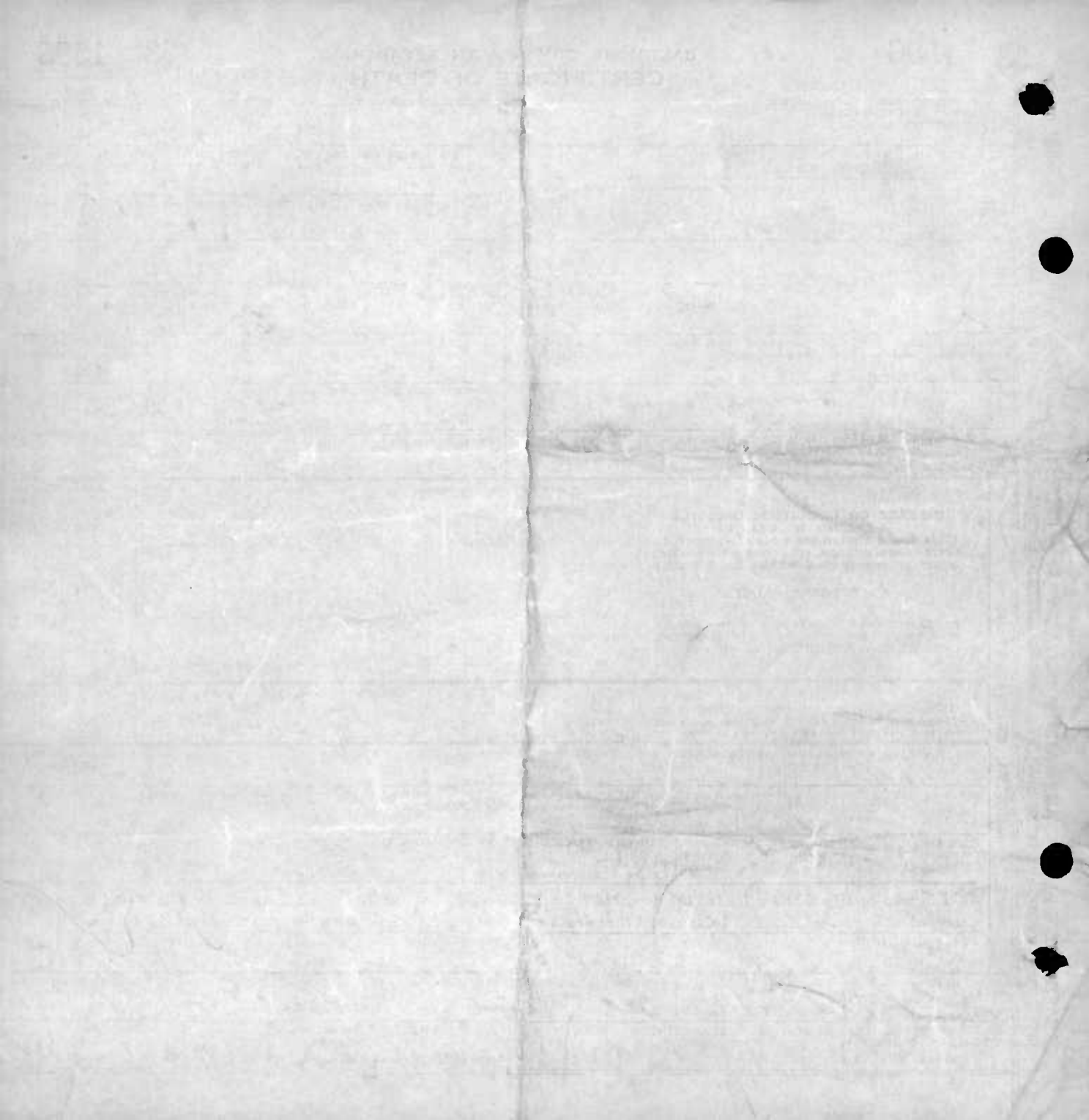
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*Burial**2/14/1953**Mt Zion**Bethesda, Md.**FEB 13 1953**H. J. 915**James J. Mayo 638 N. Wilmore St*



MAF / 167489

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1598

BIRTH NO. 5250 1598

6-3-03092

1. NAME OF DECEASED
(Type or Print)

Baby Girl Gaines Gladys

2. DATE
OF
DEATH

2-7-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONBaltimore City Hospital
4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1003 Rutland Ave.

c. Length of stay in Baltimore

2 days

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH

Feb. 5, 1953

9. AGE (in years
last birthday)If Under 1 Year
Months: Days

2

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Jones

14. MOTHER'S MAIDEN NAME

Gladys Gaines

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT Baltimore City Hospital
Records: 4940 Eastern Ave.

18.

776x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Prematurity

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from 2-5, 1953, to 2-7, 1953, that I last saw the
deceased alive on 2-7, 1953, and that death occurred at 12:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Jones

M. D.

23B. ADDRESS

4940 Eastern Ave., Balto. Md.

23C. DATE SIGNED

2-7-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Cremated

24B. DATE

2.11.53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore City Hospital

24D. LOCATION (City, town, or county)

4940 Eastern Ave

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Hall, B.D.

25. FUNERAL DIRECTOR

ADDRESS

MINNESOTA DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

MAY 1 1968

FILE NO.

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

OCCUPATION

CAUSE OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

RELIGION

PREVIOUS ILLNESS

DATE OF EXAMINATION

DATE OF INTERVIEW

DATE OF SIGNATURE

DATE OF FILING

NO. 100-100000

MINNESOTA DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS
ST. PAUL, MINN.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 1599

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY ALICE BAKER

2. DATE
OF
DEATH

2-10-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTO-MD.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MD.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR
INSTITUTION

2609 E. PRESTON ST.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

2609 E. PRESTON ST.

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

MAY-6-1890

9. AGE (In years
last birthday)

52

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

ASSEMBLY LINE WORKER

10B. KIND OF BUSINESS OR
INDUSTRY

MAY OIL BURNER

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF
WHAT COUNTRY?

US

13. FATHER'S NAME

JAMES G. GORRKE

14. MOTHER'S MAIDEN NAME

MARY POWERS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JAMES T. WAGNER 2609 E. PRESTON ST.

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

3 hours

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1952 to February, 1953 that I last saw the
deceased alive on Feb 10, 1953, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23. SIGNATURE

Harrison J. Kane

M. D.

23B. ADDRESS

2602 Preston

23C. DATE SIGNED

2-13-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

2-13-53

24C. NAME OF CEMETERY OR CREMATORY

NEW CATHEDRAL

24D. LOCATION (City, town, or county)

BALTO. MD.

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 13 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

M. J. P. Co. Inc. Baltimore, Md.

ADDRESS

UNITED STATES DEPARTMENT OF HEALTH
CENTERS FOR DISEASE CONTROL AND PREVENTION

STATE OF NEW YORK

COUNTY OF ALBANY

CITY OF ALBANY

WILLIAM J. BROWN

ALBANY, N.Y.

1964

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W-656
36000BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1800
Registered No.

1. NAME OF DECEASED (Type or Print) WILLIAM WARNER (WANNER)			2. DATE OF DEATH February 11, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2217 Aisquith Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7/7/1917	9. AGE (In years last birthday) 35	If Under 1 Year Months Days 7 4
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fire Fighting			10B. KIND OF BUSINESS OR INDUSTRY Own		
11. BIRTHPLACE (State or foreign country) Balto. Md.			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME George W. Wanner Sr.			14. MOTHER'S MAIDEN NAME Catherine Helferline		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 219-22-4809		
17. INFORMANT Geo. W. Wanner Jr. 5508			18. ADDRESS 2217 St. Paul St.		

18. **E976X**DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Gunshot wound of head**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Home21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
2217 Aisquith Street21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
Feb. 11, 1953 10:00 A.M.21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒21F. HOW DID INJURY OCCUR?
Shot self in head22. I certify that I took charge of the remains described above, held an **Partial Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.23A. SIGNATURE
William V. Ford23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☒
M.D. MEDICAL INVESTIGATOR.....☐
23C. DATE SIGNED
Feb. 11, 195324A. BURIAL, CREMATION, REMOVAL (Specify)
Burial24B. DATE
2/14/5324C. NAME OF CEMETERY OR CREMATORY
Balto.24D. LOCATION (City, town, or county) (State)
Balto. Md.DATE RECEIVED BY LOCAL REGISTRAR
FEB 13 1953REGISTRAR'S SIGNATURE
Thurston S. G. 110025. FUNERAL DIRECTOR
Boyle Inc. 2217 St. Paul St.

ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

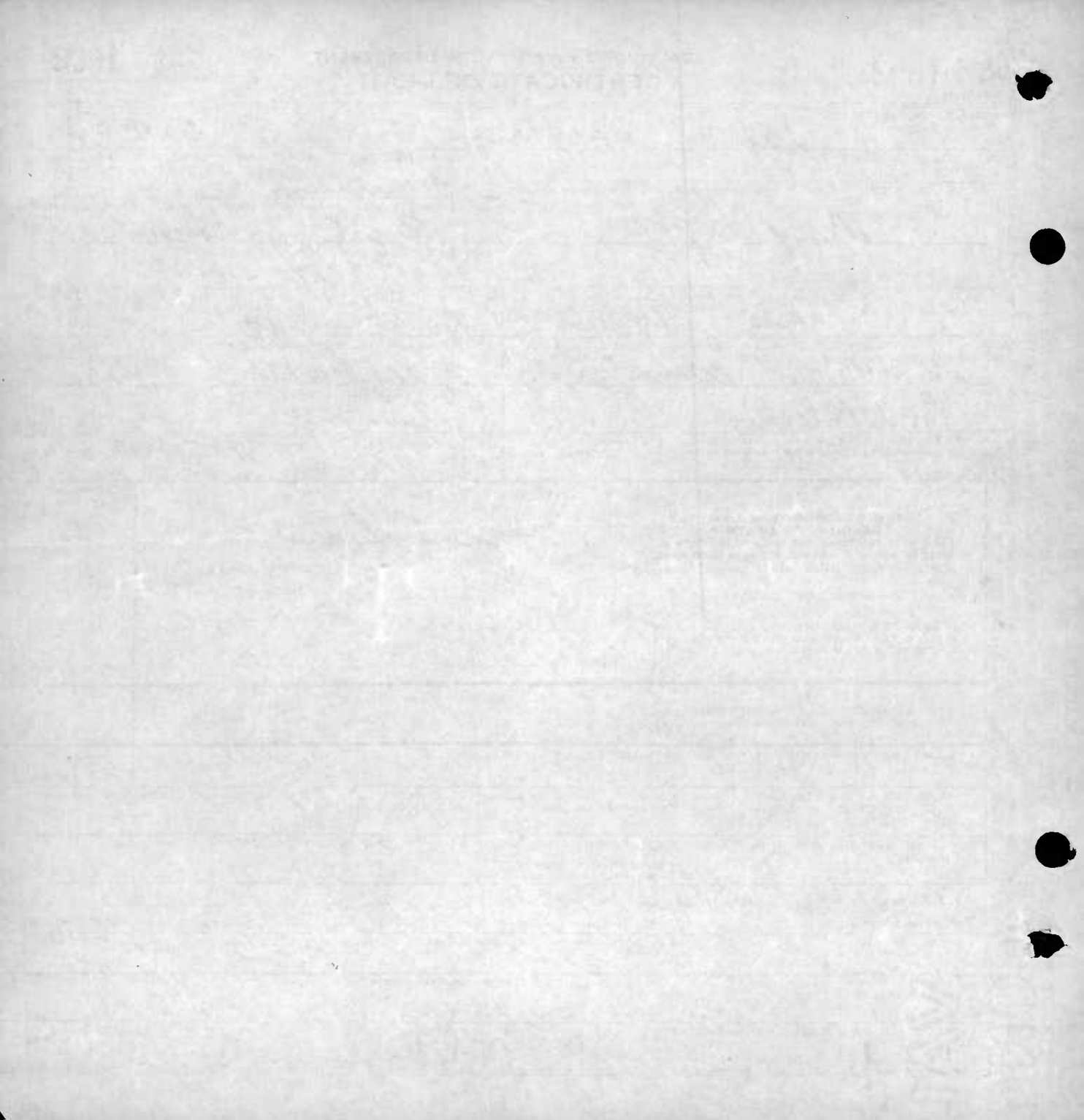
53 1601

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Meekins Frances</i>			2. DATE OF DEATH <i>2/11/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <input checked="" type="checkbox"/> B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Franklin Square Hospital</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>8-05</i>		
5. SEX <i>Female</i>			6. COLOR OR RACE <i>White</i>		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>			8. DATE OF BIRTH <i>9/18/1892</i>		
9. AGE (in years last birthday) <i>60</i>			10. UNDER 1 Year Months: Days: Hours: Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <i>New York</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>AUGUST SYLKA</i>			14. MOTHER'S MAIDEN NAME <i>unknown</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Bernard M Snyder</i>			ADDRESS <i>408 Margaret Ave</i>		
18. <i>443X</i> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <i>Cerebral Hemorrhage</i> DUE TO ANTECEDENT CAUSES (B) <i>Hypertensive Cardiovascular disease</i> DUE TO (C) _____ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2/11</i> , 1953, to <i>2/11</i> , 1953, that I last saw the deceased alive on <i>2/11</i> , 1953, and that death occurred at <i>9:40 pm.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Dr. F. Espinosa</i>			23B. ADDRESS <i>Franklin Square Hospital</i>		23C. DATE SIGNED <i>2/11/53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>2/16/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore, Maryland</i>					
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 13 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington B. B. B.</i>		25. FUNERAL DIRECTOR'S ADDRESS <i>Wm. Cook, Inc. 1217 St. Paul St.</i>	

1001 86



L-525
53 1803

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1803

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George Langmead

2. DATE
OF
DEATH

February 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE Md.

B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

7. c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

606 E. Baltimore St.

8. SEX

male

9. COLOR OR RACE

White

10. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

single

11. DATE OF BIRTH

10-18-88

12. AGE (In years last birthday)

64

13. If Under 1 Year Months: Days

14. If Under 24 Hours Hours: Min.

15. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

16. b. KIND OF BUSINESS OR INDUSTRY

Novelty

17. BIRTHPLACE (State or foreign country)

Balto. Md.

18. CITIZEN OF WHAT COUNTRY?

19. FATHER'S NAME

Alfred E. Langmead

20. MOTHER'S MAIDEN NAME

Ellen Kane

21. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

22. SOCIAL SECURITY NO.

23. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

✓

24. 578x and, 002x

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Generalized peritonitis

INTERVAL BETWEEN ONSET AND DEATH

? 5 da.

25. ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B)

Perforation of sigmoid colon

? 5 da.

DUE TO

(C)

26. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Pulmonary tuberculosis

? 2 mo.

27. DATE OF OPERATION

28. MAJOR FINDINGS OF OPERATION

29. AUTOPSY?

YES ☐ NO ☐

30. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

31. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

32. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

33. TIME (Month) (Day) (Year) (Hour) OF INJURY

34. INJURY OCCURRED

35. HOW DID INJURY OCCUR?

36. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

37. I hereby certify that I attended the deceased from 2-5, 1952, to 2-16, 1953, that I last saw the deceased alive on 2-10, 1953 and that death occurred at 8:20 p.m., from the causes and on the date stated above.

38. SIGNATURE

Richard N. Reel

39. ADDRESS

JOHNS HOPKINS HOSPITAL

40. DATE SIGNED

41. BURIAL, CREMATION, REMOVAL (Specify)

Burial

42. DATE

2/14/53

43. NAME OF CEMETERY OR CREMATORY

Cathedral

44. LOCATION (City, town, or county)

Balto. Md.

(State)

45. DATE RECEIVED BY LOCAL REGISTRAR

46. REGISTRAR'S SIGNATURE

Huntington

47. FUNERAL DIRECTOR

ADDRESS

1217 S. Paul St.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

PLEASE WRITE PRINTED, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1804

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL, and give
township)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 002X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)INTERVAL BETWEEN
ONSET AND DEATH

1 Year

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/15, 1953 to 2/11, 1953, that I last saw the
deceased alive on Jan 14, 1953 and that death occurred at 7P m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death		5. Place of death	
6. Cause of death		7. Manner of death		8. Signature of physician		9. Signature of registrar		10. Signature of informant	
11. Name of informant		12. Address of informant		13. Date of registration		14. Place of registration		15. Signature of registrar	
16. Name of registrar		17. Address of registrar		18. Date of registration		19. Place of registration		20. Signature of registrar	
21. Name of informant		22. Address of informant		23. Date of registration		24. Place of registration		25. Signature of registrar	
26. Name of registrar		27. Address of registrar		28. Date of registration		29. Place of registration		30. Signature of registrar	
31. Name of informant		32. Address of informant		33. Date of registration		34. Place of registration		35. Signature of registrar	
36. Name of registrar		37. Address of registrar		38. Date of registration		39. Place of registration		40. Signature of registrar	
41. Name of informant		42. Address of informant		43. Date of registration		44. Place of registration		45. Signature of registrar	
46. Name of registrar		47. Address of registrar		48. Date of registration		49. Place of registration		50. Signature of registrar	
51. Name of informant		52. Address of informant		53. Date of registration		54. Place of registration		55. Signature of registrar	
56. Name of registrar		57. Address of registrar		58. Date of registration		59. Place of registration		60. Signature of registrar	
61. Name of informant		62. Address of informant		63. Date of registration		64. Place of registration		65. Signature of registrar	
66. Name of registrar		67. Address of registrar		68. Date of registration		69. Place of registration		70. Signature of registrar	
71. Name of informant		72. Address of informant		73. Date of registration		74. Place of registration		75. Signature of registrar	
76. Name of registrar		77. Address of registrar		78. Date of registration		79. Place of registration		80. Signature of registrar	
81. Name of informant		82. Address of informant		83. Date of registration		84. Place of registration		85. Signature of registrar	
86. Name of registrar		87. Address of registrar		88. Date of registration		89. Place of registration		90. Signature of registrar	
91. Name of informant		92. Address of informant		93. Date of registration		94. Place of registration		95. Signature of registrar	
96. Name of registrar		97. Address of registrar		98. Date of registration		99. Place of registration		100. Signature of registrar	

PLEASE WRITE IN ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. 53 1605

 BIRTH NO. 152

 1. NAME OF DECEASED
(Type or Print)

EDWARD T EVANS SR.

 2. DATE OF DEATH 2/11/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

 A. STATE Md

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Maryland General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3523 Green Mount Ave; #18

C. Length of stay in Baltimore

Life

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

May 25, 1870

9. AGE (in years last birthday)

82

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

City Water Dept

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

George W EVANS

14. MOTHER'S MAIDEN NAME

Olivia J. Cooke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

 17. INFORMANT ADDRESS 3523
Mrs. Marie Holmes - GREENMOUNT

 18. 578X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

 (A) uremia & intestinal

 DUE TO hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

 YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

 WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

 22. I hereby certify that I attended the deceased from 2/9, 1953 to 2/11, 1953 that I last saw the deceased alive on 2/11, 1953, and that death occurred at 11:55 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Kolene Bakhar

23B. ADDRESS

M.D. Maryland General Hospital

23C. DATE SIGNED

2/12/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/16/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

BALTO

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

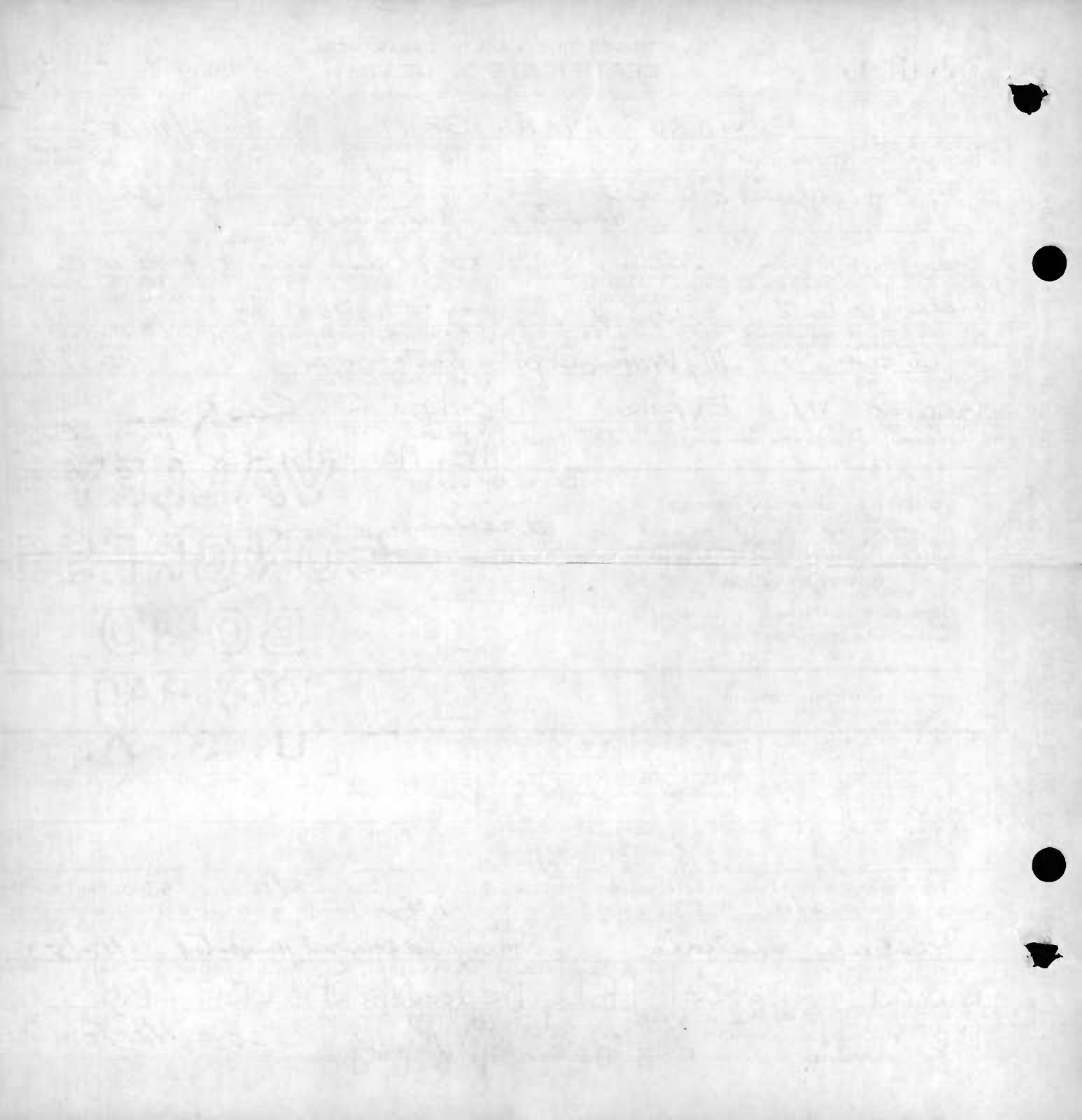
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

A. Ruck

ADDRESS

5305 Hartford Rd.



G-652
53 1806

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1806
Registered No.

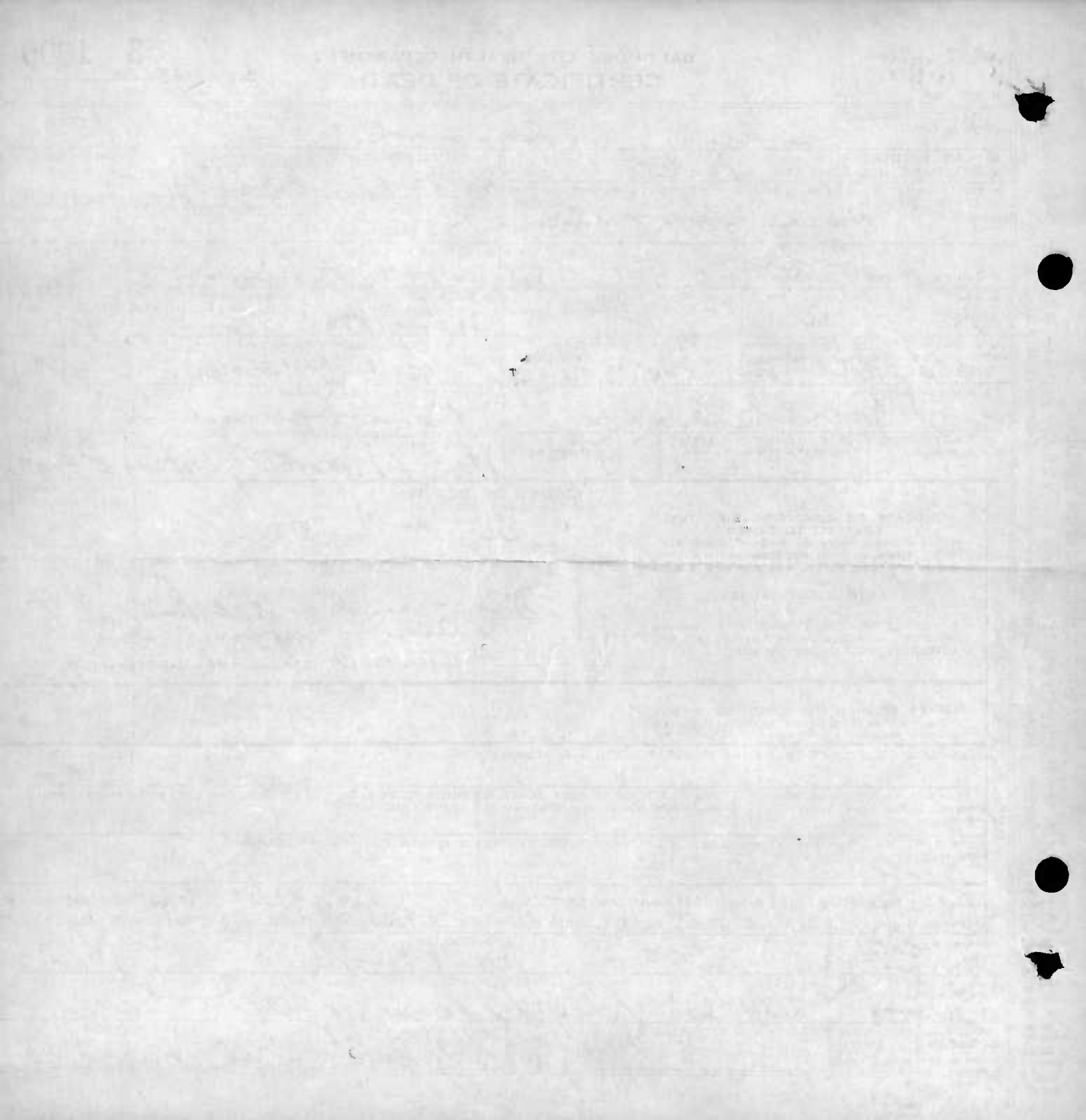
BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Gehring Edward T.</i>		2. DATE OF DEATH <i>2/11/53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balt.</i>		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE <i>MD.</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mercy Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balt.</i>			
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>2809 E Preston St.</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>21 Aug 1896</i>	9. AGE (in years, last birthday) <i>56</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Guard Fed. Res. BANK.</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Paenna</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>John Gehring</i>		14. MOTHER'S MAIDEN NAME <i>Rose Leonard</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Mrs. Margaret Gehring</i>	
18. <i>420.1</i>		ADDRESS <i>2809 E Preston</i>			

18. <i>420.1</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Heart Failure</i>			
DUE TO					
ANTECEDENT CAUSES		(B) <i>Myocardial Infarct</i>		<i>14</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
		(C) <i>acute, superimposed on an old heart infarction</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOBPPY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1/30</i> , 19 <i>53</i> to <i>2/11</i> , 19 <i>53</i> that I last saw the deceased alive on <i>2/4</i> , 19 <i>53</i> , and that death occurred at <i>7:40</i> a.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>J. R. Flynn</i>		23B. ADDRESS <i>Mercy Hosp.</i>		23C. DATE SIGNED <i>2/11/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>2/14/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>	
24D. LOCATION (City, town, or county)		24E. LOCATION (State)		24F. LOCATION (State)	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 13 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington</i>		25. FUNERAL DIRECTOR <i>J. G. Buck</i>	
				ADDRESS <i>5305 Harford Rd</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 1607

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY ELIABETH PHILLIPS

2. DATE
OF
DEATH Feb. 12, 19533. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5121 Kenwood Avenue - 6

c. Length of stay in Baltimore

life

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 7 - 1901

9. AGE (In years
last birthday) If Under 1 Year If Under 24 Hours
Months Days Hours Min.

53

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR
INDUSTRY

Own home.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Sedlak

14. MOTHER'S MAIDEN NAME

ANNA ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mr Harry Phillips -

ADDRESS 5121
Kenwood.

18. 572.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Venous Thrombosis - right arm

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Chronic Ulcerated Colitis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 25th, 1952 to Feb. 12, 1953, that I last saw the
deceased alive on Feb. 12, 1953, and that death occurred at 5:12a m., from the causes and on the date stated above.

23. SIGNATURE

Donald Benio - Jiminy

M. D.

23B. ADDRESS

1400 N. Caroline Street - 13

23C. DATE SIGNED

Feb. 12, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-14-53

24C. NAME OF CEMETERY OR CREMATORY

Balto. Cem

24D. LOCATION (City, town, or county)

Balto

(State)

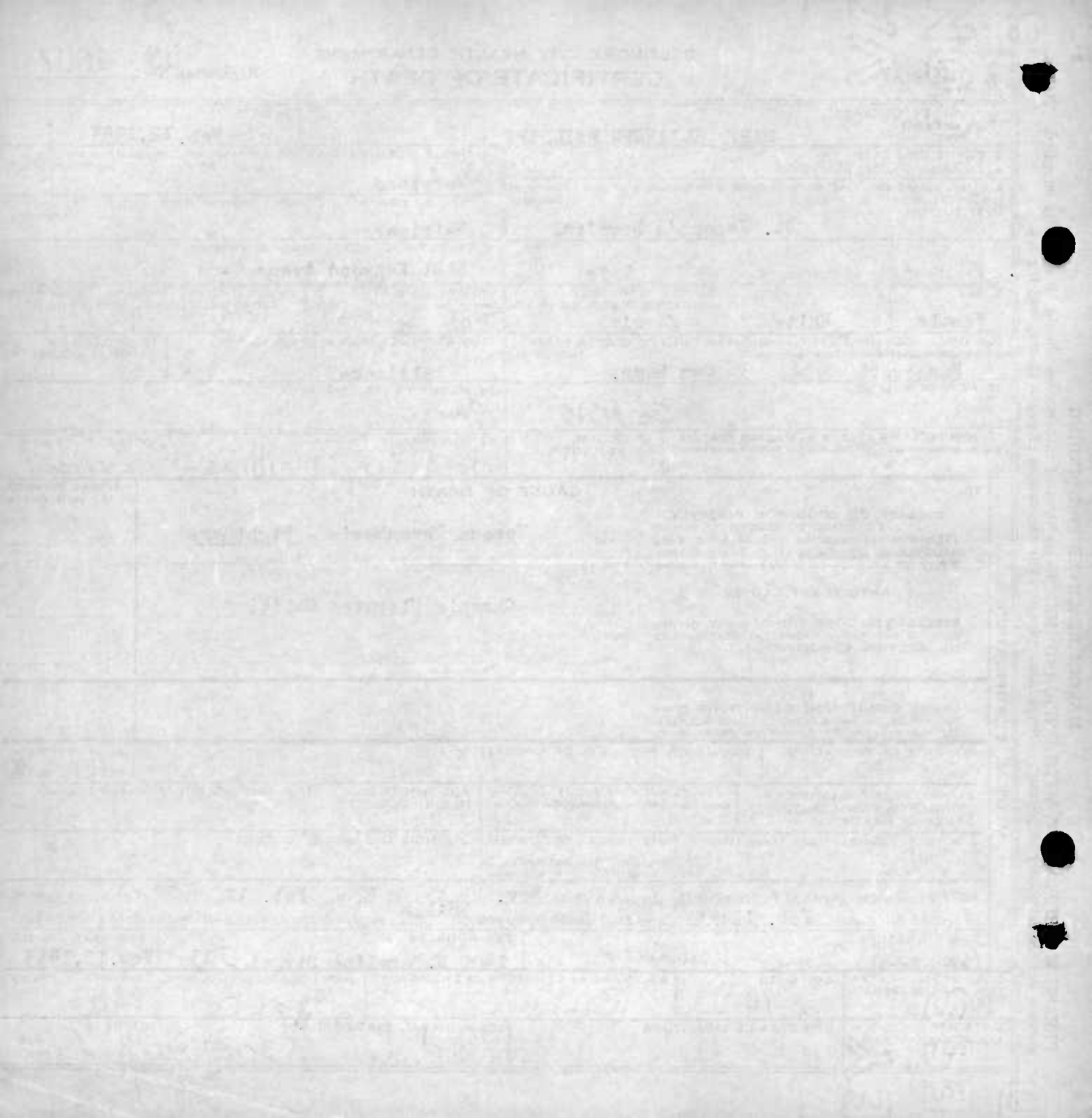
Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 1608

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) *Louis F. Huber* 2. DATE OF DEATH *2-11-53*

3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE *md.* B. COUNTY *27-34* before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *4111 La Salle Ave.* *Baltimore, Md.*

D. STREET ADDRESS (If rural, give location) *4111 La Salle Ave.*

c. Length of stay in Baltimore Yrs. Mos. Days

5. SEX *Male* 6. COLOR OR RACE *White* 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *Married* 8. DATE OF BIRTH *4-19-1874* 9. AGE (In years last birthday) *78* 10 Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Shoe maker* 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) *Austria* 12. CITIZEN OF WHAT COUNTRY? *✓*

13. FATHER'S NAME *France Brendal* 14. MOTHER'S MAIDEN NAME *Nothuga Huber*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. *218-37-8479* 17. INFORMANT *Marie A. Huber* ADDRESS *4111 La Salle*

18. *490x* CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) (A) *Lobar Pneumonia* 2-9-53

ANTECEDENT CAUSES (B) *Chr. Myocarditis* 1945

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Feb. 5*, 1953, to *Feb. 11*, 1953, that I last saw the deceased alive on *Feb. 11*, 1953, and that death occurred at *4:42 p. m.*, from the causes and on the date stated above.

23A. SIGNATURE *Paul Brown* 23B. ADDRESS *3602 Liberty Hgts. Dr.* 23C. DATE SIGNED *2-12-53*

24A. BURIAL, CREMATION REMOVAL (Specify) *Burial* 24B. DATE *2/14/53* 24C. NAME OF CEMETERY OR CREMATORY *Nash, Leedomer* 24D. LOCATION (City, town, or county) (State) *Balto Md*

DATE RECEIVED BY LOCAL REGISTRAR *FEB 13 1953* REGISTRAR'S SIGNATURE *Huntington* 25. FUNERAL DIRECTOR *L. J. Ruck* ADDRESS *75305 Hayford Rd*

BALTIMORE CITY DEPT. OF HEALTH
 CERTIFICATE OF DEATH

Name of Deceased _____	
Date of Birth _____	
Sex _____	
Race _____	
Usual Residence _____	
Date of Death _____	
Time of Death _____	
Place of Death _____	
Cause of Death _____	
Manner of Death _____	
Signature of Physician _____	
Signature of Registrar _____	
Date of Registration _____	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1609

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDMUND John CREAMER SR

2. DATE
OF DEATH February 11, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTY before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

616 E. 29th Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 21 - 1904

9. AGE (In years
last birthday)

48

If Under 1 Year
Months DaysIf Under 24 hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk - Crown Cork & Seal

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Robert T. Creamer

14. MOTHER'S MAIDEN NAME

Mary ANN Peppersack

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

212-07-2065 - Mrs. Bertha Creamer - E 29th

17. INFORMANT

ADDRESS

616

18. E 976x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Gunshot wound of head

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

616 E. 29th Street

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Feb. 11, 1953 8:00 A.m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Shot self in head

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

William W. Wood

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☒MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Feb. 11, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/13/53

24C. NAME OF CEMETERY OR CREMATORY

Moreland Park

24D. LOCATION (City, town, or county)

Balto

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

L. J. Cuck

ADDRESS

5305 Harford

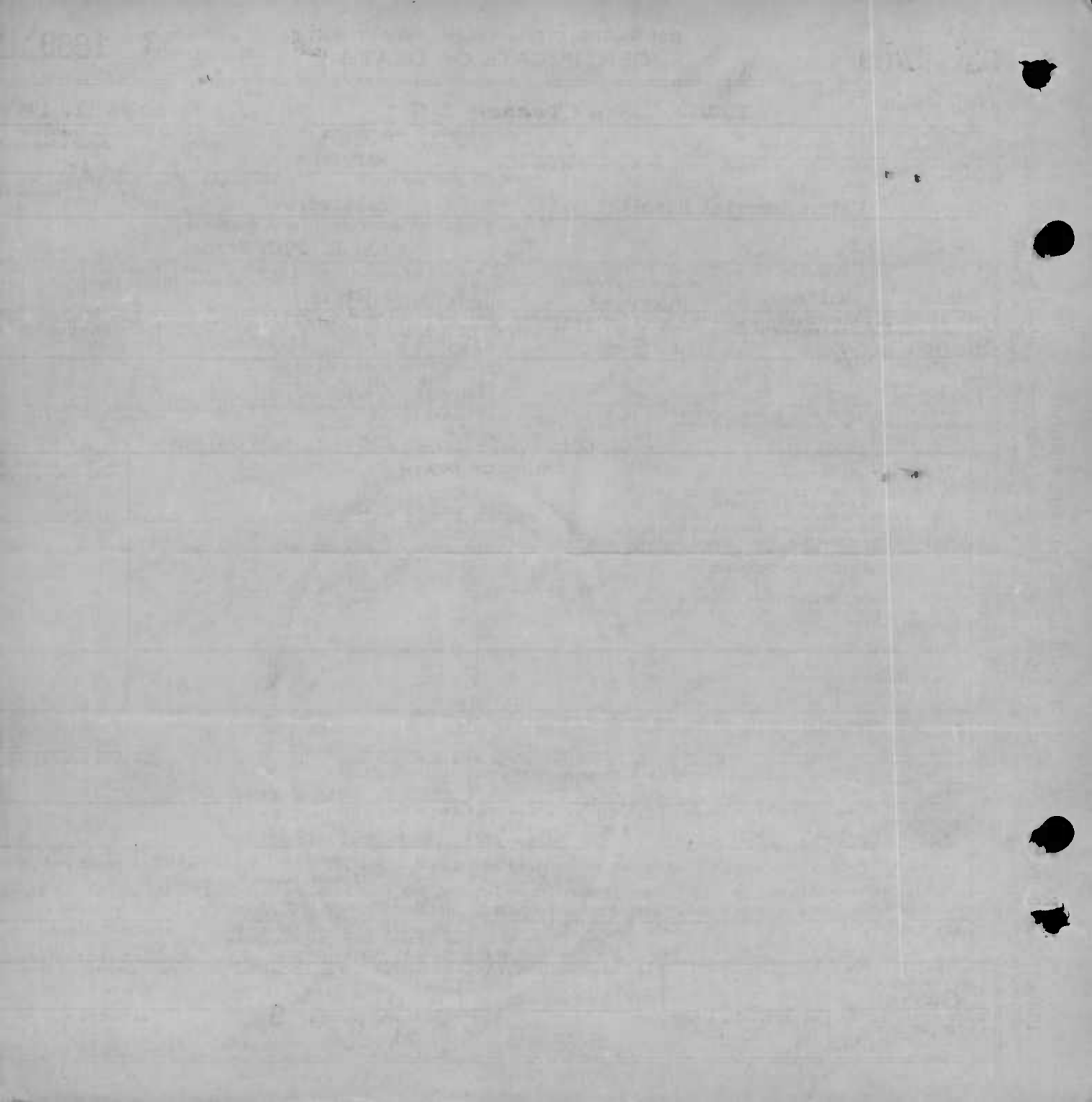
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390362

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1610

BIRTH NO. 53 1610 53-03426

1. NAME OF DECEASED
(Type or Print)

Vincent Di Sena

2. DATE
OF
DEATH

Feb. 12, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3517 Wilkens Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

male White Single

2-7-1953

5

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

child

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Peter Di Sena

14. MOTHER'S MARRIED NAME

Eva Palazzola

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 776X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Prematurity

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-7, 1953 to 2-12, 1953, that I last saw the
deceased alive on 2-12, 1953, and that death occurred at 2:40 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Thomas E. Ruckelshaus

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

Feb 12 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 13 1953

Huntington Hillman

J. J. Ruck

5305 Bayford Rd

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

DEATH CERTIFICATE

1. NAME OF DECEASED		2. SEX		3. AGE		4. DATE OF BIRTH		5. PLACE OF BIRTH	
6. OCCUPATION		7. CAUSE OF DEATH		8. MANNER OF DEATH		9. PLACE OF DEATH		10. TIME OF DEATH	
11. SIGNATURE OF PHYSICIAN		12. SIGNATURE OF WITNESS		13. SIGNATURE OF DECEASED		14. SIGNATURE OF FUNERAL HOME		15. SIGNATURE OF REGISTRAR	
16. SIGNATURE OF CLERK		17. SIGNATURE OF CHURCH		18. SIGNATURE OF SCHOOL		19. SIGNATURE OF EMPLOYER		20. SIGNATURE OF NEAREST RELATIVE	
21. SIGNATURE OF NEAREST RELATIVE		22. SIGNATURE OF NEAREST RELATIVE		23. SIGNATURE OF NEAREST RELATIVE		24. SIGNATURE OF NEAREST RELATIVE		25. SIGNATURE OF NEAREST RELATIVE	
26. SIGNATURE OF NEAREST RELATIVE		27. SIGNATURE OF NEAREST RELATIVE		28. SIGNATURE OF NEAREST RELATIVE		29. SIGNATURE OF NEAREST RELATIVE		30. SIGNATURE OF NEAREST RELATIVE	
31. SIGNATURE OF NEAREST RELATIVE		32. SIGNATURE OF NEAREST RELATIVE		33. SIGNATURE OF NEAREST RELATIVE		34. SIGNATURE OF NEAREST RELATIVE		35. SIGNATURE OF NEAREST RELATIVE	
36. SIGNATURE OF NEAREST RELATIVE		37. SIGNATURE OF NEAREST RELATIVE		38. SIGNATURE OF NEAREST RELATIVE		39. SIGNATURE OF NEAREST RELATIVE		40. SIGNATURE OF NEAREST RELATIVE	
41. SIGNATURE OF NEAREST RELATIVE		42. SIGNATURE OF NEAREST RELATIVE		43. SIGNATURE OF NEAREST RELATIVE		44. SIGNATURE OF NEAREST RELATIVE		45. SIGNATURE OF NEAREST RELATIVE	
46. SIGNATURE OF NEAREST RELATIVE		47. SIGNATURE OF NEAREST RELATIVE		48. SIGNATURE OF NEAREST RELATIVE		49. SIGNATURE OF NEAREST RELATIVE		50. SIGNATURE OF NEAREST RELATIVE	
51. SIGNATURE OF NEAREST RELATIVE		52. SIGNATURE OF NEAREST RELATIVE		53. SIGNATURE OF NEAREST RELATIVE		54. SIGNATURE OF NEAREST RELATIVE		55. SIGNATURE OF NEAREST RELATIVE	
56. SIGNATURE OF NEAREST RELATIVE		57. SIGNATURE OF NEAREST RELATIVE		58. SIGNATURE OF NEAREST RELATIVE		59. SIGNATURE OF NEAREST RELATIVE		60. SIGNATURE OF NEAREST RELATIVE	
61. SIGNATURE OF NEAREST RELATIVE		62. SIGNATURE OF NEAREST RELATIVE		63. SIGNATURE OF NEAREST RELATIVE		64. SIGNATURE OF NEAREST RELATIVE		65. SIGNATURE OF NEAREST RELATIVE	
66. SIGNATURE OF NEAREST RELATIVE		67. SIGNATURE OF NEAREST RELATIVE		68. SIGNATURE OF NEAREST RELATIVE		69. SIGNATURE OF NEAREST RELATIVE		70. SIGNATURE OF NEAREST RELATIVE	
71. SIGNATURE OF NEAREST RELATIVE		72. SIGNATURE OF NEAREST RELATIVE		73. SIGNATURE OF NEAREST RELATIVE		74. SIGNATURE OF NEAREST RELATIVE		75. SIGNATURE OF NEAREST RELATIVE	
76. SIGNATURE OF NEAREST RELATIVE		77. SIGNATURE OF NEAREST RELATIVE		78. SIGNATURE OF NEAREST RELATIVE		79. SIGNATURE OF NEAREST RELATIVE		80. SIGNATURE OF NEAREST RELATIVE	
81. SIGNATURE OF NEAREST RELATIVE		82. SIGNATURE OF NEAREST RELATIVE		83. SIGNATURE OF NEAREST RELATIVE		84. SIGNATURE OF NEAREST RELATIVE		85. SIGNATURE OF NEAREST RELATIVE	
86. SIGNATURE OF NEAREST RELATIVE		87. SIGNATURE OF NEAREST RELATIVE		88. SIGNATURE OF NEAREST RELATIVE		89. SIGNATURE OF NEAREST RELATIVE		90. SIGNATURE OF NEAREST RELATIVE	
91. SIGNATURE OF NEAREST RELATIVE		92. SIGNATURE OF NEAREST RELATIVE		93. SIGNATURE OF NEAREST RELATIVE		94. SIGNATURE OF NEAREST RELATIVE		95. SIGNATURE OF NEAREST RELATIVE	
96. SIGNATURE OF NEAREST RELATIVE		97. SIGNATURE OF NEAREST RELATIVE		98. SIGNATURE OF NEAREST RELATIVE		99. SIGNATURE OF NEAREST RELATIVE		100. SIGNATURE OF NEAREST RELATIVE	

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1611BIRTH NO. 53 161153-037391. NAME OF DECEASED
(Type or Print)Baby Girl Rowley2. DATE
OF
DEATH2/12/53

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Md. Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

8640 Oakleigh Rd.

c. Length of stay in Baltimore

1

5. SEX

F

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)S

8. DATE OF BIRTH

2/12/539. AGE (In years,
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.5310A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)child10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF
WHAT COUNTRY?USA

13. FATHER'S NAME

Vernon Thomas Rowley

14. MOTHER'S MAIDEN NAME

Virginia May Thompson15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)No16. SOCIAL
SECURITY NO.0

17. INFORMANT

ADDRESS

Mother18. 761.5

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Anoxia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Premature separation of
Placenta

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Premature birth

19A. DATE OF OPERATION

0 0

19B. MAJOR FINDINGS OF OPERATION

0

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)021B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)021C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

021D. TIME (Month) (Day) (Year) (Hour)
OF INJURY0

21E. INJURY OCCURRED

WHILE AT ☐ WORKNOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

022. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the
deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

Harry W. Bule

23B. ADDRESS

7004 Charles St.

23C. DATE SIGNED

2/12/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial

24B. DATE

2/13/53

24C. NAME OF CEMETERY OR CREMATORY

Balto Cem

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington, 11/13/53

25. FUNERAL DIRECTOR

J. Ruck

ADDRESS

5305 Harford Rd.

1911

RECEIVED
JAN 10 1911

RECEIVED

PLEASE WRITE IN INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

652
53 1812

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1812

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GUSTAV F. DOEHRING

2. DATE
OF
DEATH

2/12/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5417 Knell Ave.

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

May 1-1884

9. AGE (in years last birthday)

68

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Ret. Glenn L. Martin - Mechanic

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

August? Doebling

14. MOTHER'S MAIDEN NAME

Maria Poppe

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

717-07-6252-A - Mrs. Lillian A. Doebling - SAME

17. INFORMANT

ADDRESS

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Probable Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/12, 1953 to 1/12, 1953, that I last saw the deceased alive on 1/12, 1953, and that death occurred at 2:05 P.M., from the causes and on the date stated above.

23A. SIGNATURE

George C. Alderman

M. D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

1/12/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

2-17-53

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cem

24D. LOCATION (City, town, or county)

BALTO

(State)

MD.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

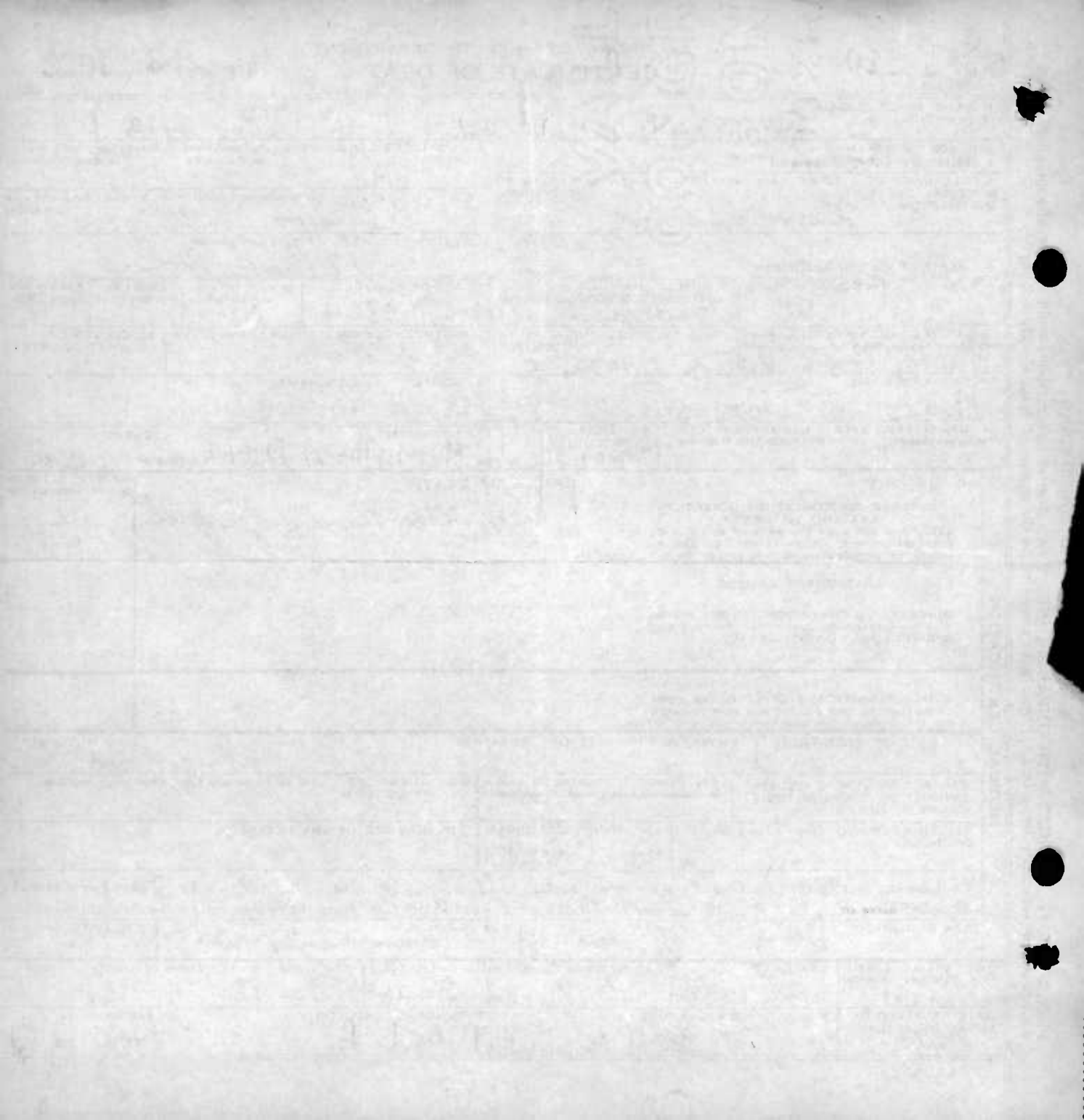
Huntington H. Davis, Jr.

25. FUNERAL DIRECTOR

ADDRESS

5305 Harford Rd

55437



Baltimore City Health Department
CERTIFICATE OF DEATH

Registered No. **53 1613**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH

AMBROSETTI

2. DATE OF DEATH **February 10, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Dundalk

D. STREET ADDRESS (If rural, give location)

3206 McShaneway

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

Mar 18 1937

9. AGE (In years last birthday)

15

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY
School Boy

11. BIRTHPLACE (State or foreign country)

Baltimore Co

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

August Ambersetti

14. MOTHER'S MAIDEN NAME

Verna

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Verna Ambrosetti 3206 McShane Way

18. **E822.4**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Crushed chest

~~NOISE~~

lung, liver, and spleen.

ANTECEDENT CAUSES

(B)

Skull fracture

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Edison Highway and Clifton Avenue

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Feb. 10, 1953 9:00 P.m.

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Driver of auto which struck pole

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

23C. DATE SIGNED

Feb. 11, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 14, 1953

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington 533 Ave, Bldg 2

25. FUNERAL DIRECTOR

ADDRESS

Ullrich Funeral Home 2008 Orleans St.

VS 151

N 804.2

See letter in Document file from
Dr. Wm. V. Lovitt, Jr.,
Asst Medical Examiner

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1614

P-100
53 1614
BIRTH NO.

1. NAME OF DECEASED (Type or Print) James Claude Pope		2. DATE OF DEATH Feb. 11/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1433 W. Lombard St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 35 yrs		D. STREET ADDRESS (If rural, give location) 1433 W. Lombard St	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 2, 1889
9. AGE (In years last birthday) 63		10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Chief Investigator, R.G. Dunn & Co.		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Georgia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME ----Pope		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Myrtle T. Pope, 1433 W. Lombard St		ADDRESS	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) arterio-sclerotic cardio-vascular disease DUE TO (B) aut caduic dilatation DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 1 yr			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/10 , 19 52 , to 2/11 , 19 53 , that I last saw the deceased alive on 4/11 , 19 53 , and that death occurred at 8:30 m., from the causes and on the date stated above.			
23A. SIGNATURE William White		23B. ADDRESS 1530 W. 3rd Ave	
23C. DATE SIGNED 2/11/53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Feb. 14/53	24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR FEB 13 1953		REGISTRAR'S SIGNATURE Huntington	
25. FUNERAL DIRECTOR Harry F. Hight		ADDRESS 4101 Edmondson Ave.	

200-1-1-1

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 1615**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Jacob P. Streib**2. DATE
OF
DEATH**Feb. 11/53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Md.** B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution)
Nellie Hood Nursing Home**5313 Edmondson Ave.**C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

436 S. Smallwood St.

5. SEX

Male

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Feb. 12, 18819. AGE (In years
last birthday)**71**If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Machinist**10B. KIND OF BUSINESS OR
INDUSTRY
B. & O. R. R.

11. BIRTHPLACE (State or foreign country)

Md.12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Jacob Streib

14. MOTHER'S MAIDEN NAME

Unknown15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Irene Streib, 436 S. Smallwood18. **153X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Carcinoma of sigmoid**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) **2**

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.**none**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **11/11**, 19**53** to **2/11**, 19**53**, that I last saw the
deceased alive on **2/11**, 19**53**, and that death occurred at **7:04 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

Feb. 14/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

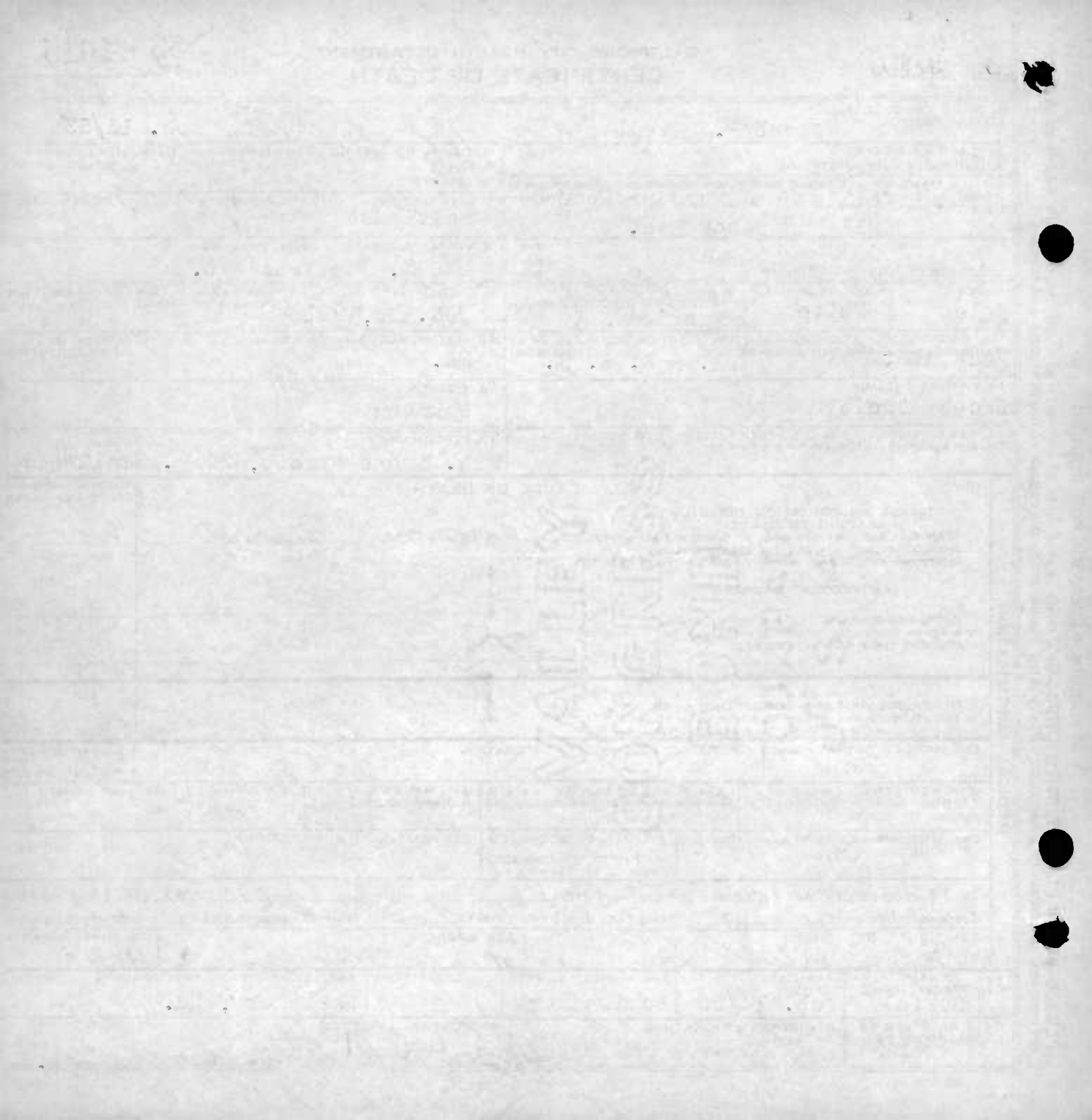
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 13 1953**Funerary Home, 401 Edmondson Ave.**



PLEASE WRITE IN FULLY SUPPLIED. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE CORRECTED 2-24-53
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1616
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alma B. Myers (Alma B. Myers)

2. DATE
OF
DEATH

2. 11. 53.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY
city

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Sinai Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1837 Aiken Street

c. Length of stay in Baltimore

6I yrs

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

Feb. 3rd. 1888

9. AGE (in years
last birthday)

65

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Walter C. New

14. MOTHER'S MAIDEN NAME

Judith Ann Currell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Charles E. Myers Jr., -1626 E. Lanvale Street

18. *331X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Cerebral Haemorrhage*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Left Hemiplegia*

DUE TO

(C) *Hypertension*

INTERVAL BETWEEN ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *2. 5.*, 19*53*, to *2. 11.*, 19*53*; that I last saw the deceased alive on *2. 11.*, 19*53*, and that death occurred at *9 A.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Morris Goldberg

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

2. 11. 53.

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 14, 1953

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

E. North Ave. Balto: Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

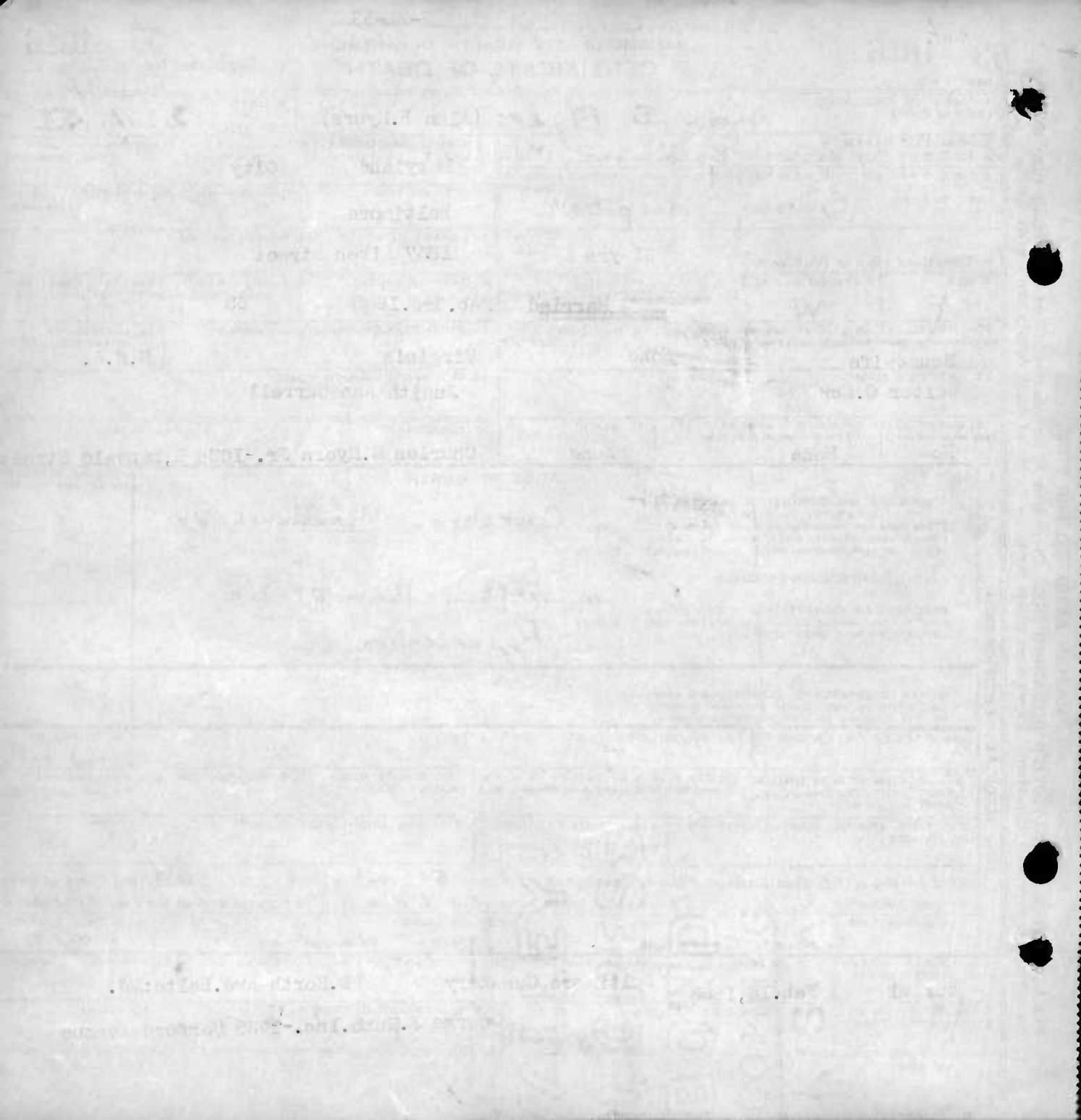
Huntington Williams

25. FUNERAL DIRECTOR

George J. Ruto, Inc. - 1735 Harford Avenue

ADDRESS

FEB 13 1953



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1617
Registered No.

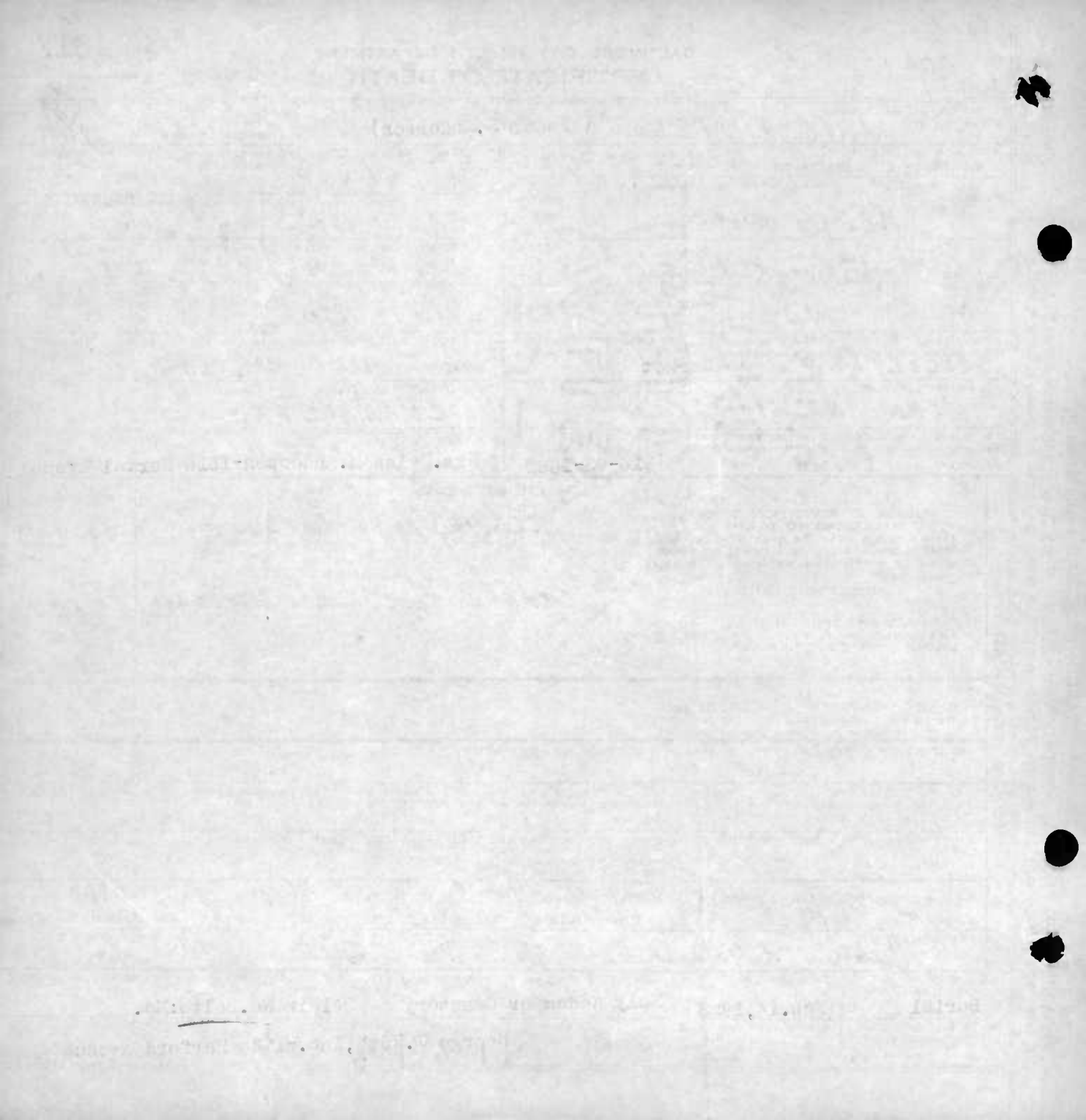
BIRTH NO.

1. NAME OF DECEASED (Type or Print) JAMES ANDERSON (James J. Anderson)			2. DATE OF DEATH FEB. 10, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland MERCY HOSPITAL			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION MERCY HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
c. Length of stay in Baltimore LIFE			D. STREET ADDRESS (If rural, give location) 1616 NORMAL AVE., #13		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH JULY 17, 1891	9. AGE (in years, last birthday) 53	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GROCERY MAN			10B. KIND OF BUSINESS OR INDUSTRY Market		
11. BIRTHPLACE (State or foreign country) BALTIMORE, MARYLAND			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME JOHN ANDERSON			14. MOTHER'S MAIDEN NAME CLARA ETZEL		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 216-03-1682		
17. INFORMANT Mrs. Helen M. Anderson			ADDRESS 1616 Normal Avenue		

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) RESPIRATORY FAILURE DUE TO CEREBRO-VASCULAR HEMORRHAGE 1 DAY INTERVAL BETWEEN ONSET AND DEATH 30 MIN.	CAUSE OF DEATH
19. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

MEDICAL CERTIFICATION

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb. 9 , 19 53 , to Feb. 10 , 19 53 that I last saw the deceased alive on Feb. 10 , 19 53 , and that death occurred at 7:30 P. m., from the causes and on the date stated above.					
23A. SIGNATURE Victoria L. Palarea		23B. ADDRESS Mercy Hospital		23C. DATE SIGNED 2/10/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb. 14, 1953		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery	
24D. LOCATION (City, town, or county) Belair Rd. Balto: Md.		24E. FUNERAL DIRECTOR George J. Ruth, Inc.		ADDRESS -1735 Harford Avenue	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1818

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN L. MULLANEY

2. DATE
OF
DEATH

Feb. 11 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

before admission)

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

3211 FAIT AVE

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

3211 FAIT AVE

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

MARCH-10-1875

9. AGE (In years
last birthday)

77

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

CARETAKER -

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTO - MD

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JOHN L. MULLANEY

14. MOTHER'S MAIDEN NAME

ANNA R. MITCHELL

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

NO

NO

16. SOCIAL
SECURITY NO.

218-14-6918

17. INFORMANT

MRS

Feehley - 3211 FAIT AVE

ADDRESS

18. 422.1 and 153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Myocardial Infarction
Generalized arteriosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Carcinoma of Sigmoid

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma of Sigmoid

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1951, to Feb 11, 1953, that I last saw the
deceased alive on Feb 11, 1953, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

T. A. Flanigan Jr.

M. D.

23B. ADDRESS

3501 FAIT AVE

23C. DATE SIGNED

2-12-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

Feb 14-53

24C. NAME OF CEMETERY OR CREMATORY

OAKLAWN CEMETERY

24D. LOCATION (City, town, or county)

7225 EASTERN AVE. BALTO MD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

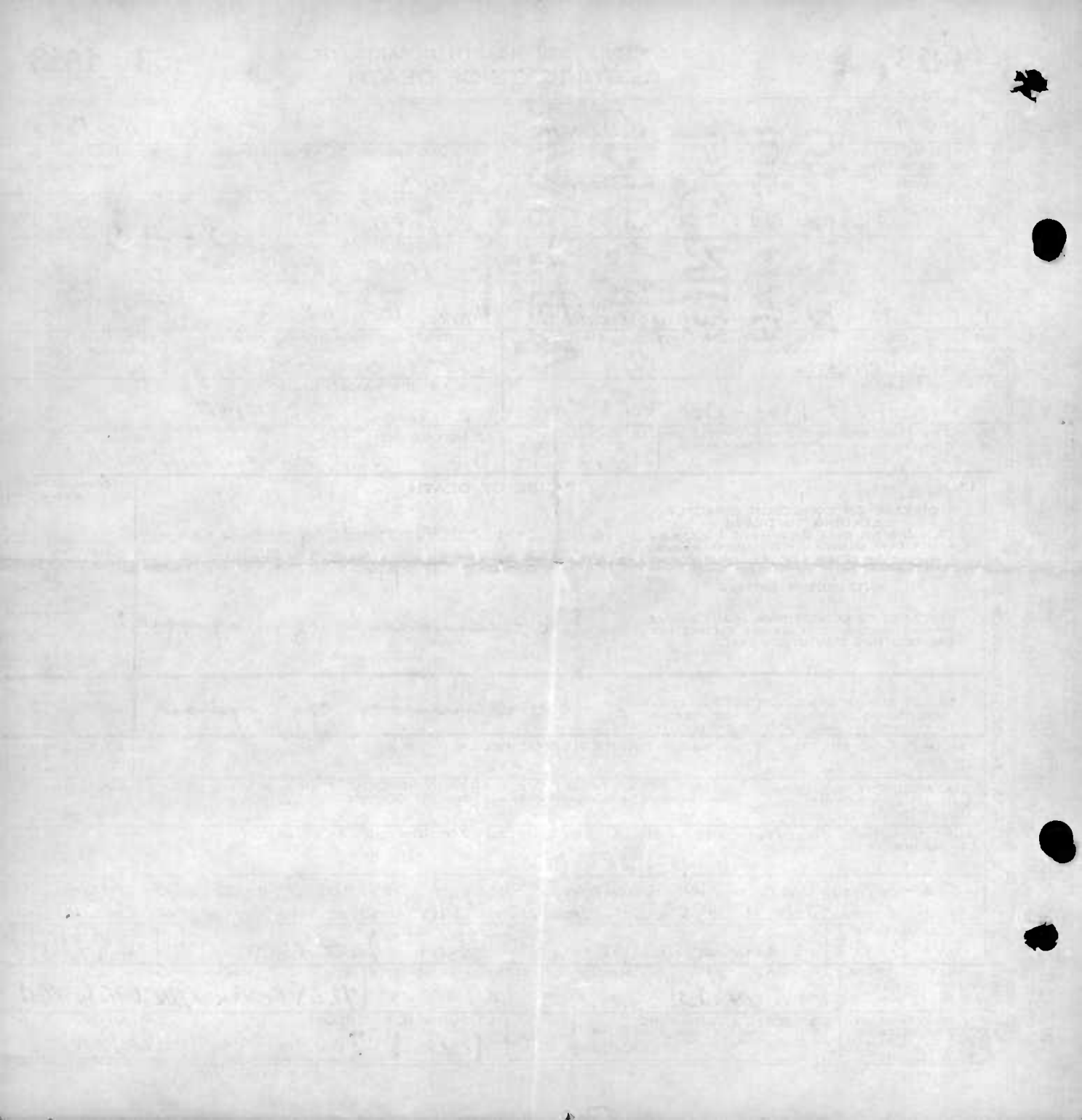
Thurston

25. FUNERAL DIRECTOR

Montes P. Penny Inc.

ADDRESS

1600 Hollins St



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 1619

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Hillary Matthews*2. DATE
OF
DEATH*Feb. 9, 1953*

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)*Provident Hospital*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE B. COUNTY before admission)

Maryland

c. CITY OR TOWN (If outside corporate limits, with RURAL, and give township)

Balto.

d. STREET ADDRESS (If rural, give location)

1602 Division St

c. Length of stay in Baltimore

30 yrs

5. SEX

male

6. COLOR OR RACE

ed

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

wid

8. DATE OF BIRTH

9/12/1901

9. AGE (In years,

last birthday)

51

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Porter

10b. KIND OF BUSINESS OR INDUSTRY

Photo-Co.

11. BIRTHPLACE (State or foreign country)

*Howard Co. Md.*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles H. Matthews

14. MOTHER'S MAIDEN NAME

*Annie*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)*no*

(If yes, give war or dates of service)

*no*16. SOCIAL
SECURITY NO.*218-05-0766*

17. INFORMANT

Viola Matthews 1627 Sayfolds av.

ADDRESS

18. *592x*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH*?**?**?*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Feb. 2, 1953*, to *Feb. 9, 1953*, that I last saw the deceased alive on *Feb. 9, 1953*, and that death occurred at *2:15* m., from the causes and on the date stated above.

23A. SIGNATURE

Harold P. Immerser

23B. ADDRESS

2309 Grand Hill Ave

23C. DATE SIGNED

*2-11-53*24a. BURIAL, CREMA-
TION REMOVAL (Specify)*Burial*

24B. DATE

2/14/53

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn C.

24D. LOCATION (City, town, or county)

Balto Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

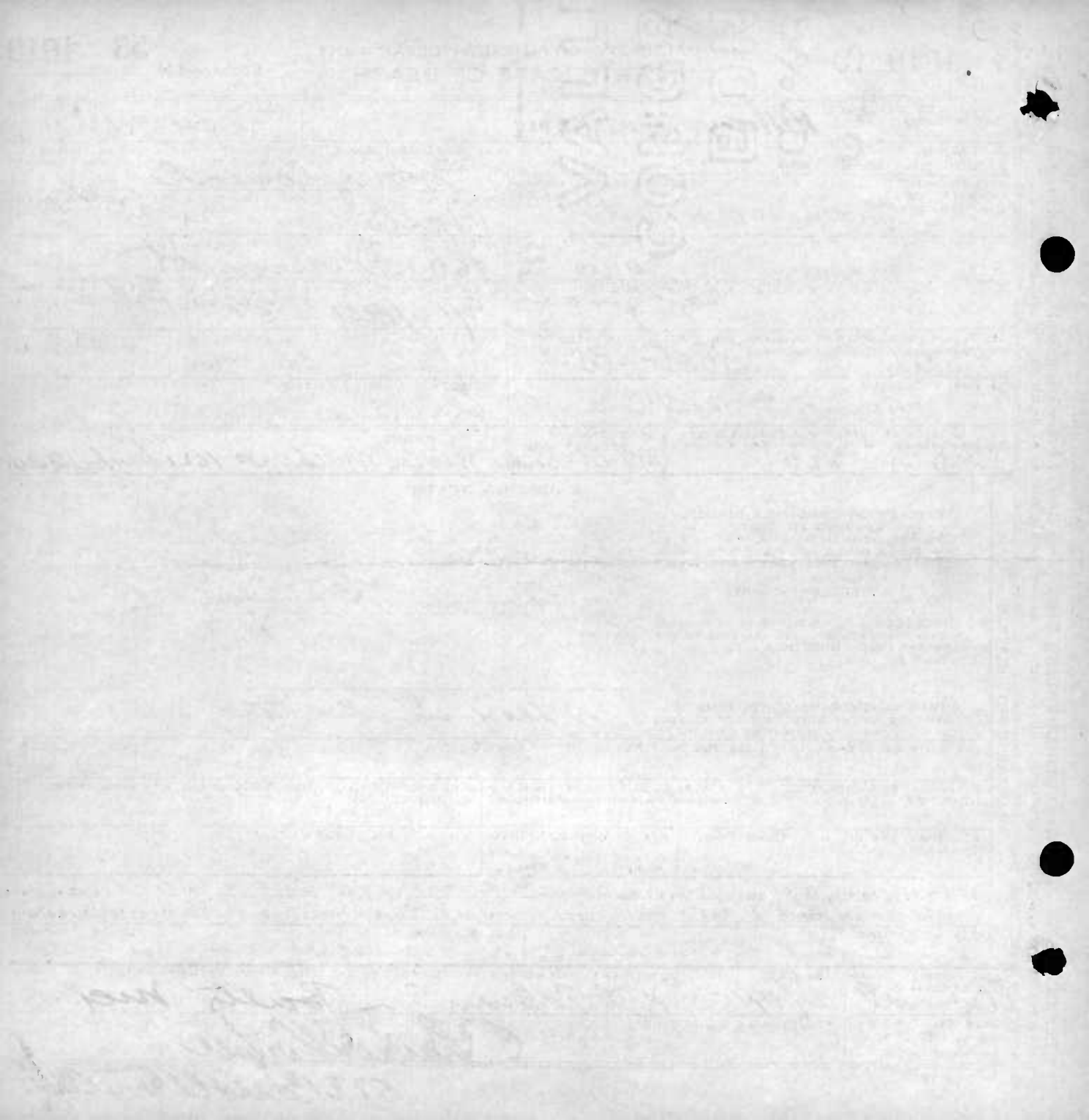
Charles K. Kasper

ADDRESS

*572 Carrollton Av.**FEB 13 1953*

VS 150

*760 8F**572 Carrollton Av.*



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 1820**

BIRTH NO. **363**

1. NAME OF DECEASED
(Type or Print) **ALMO (ALMA) STRAITEN**

2. DATE OF DEATH **February 11, 1953**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION **Provident Hospital**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Baltimore**

D. STREET ADDRESS (If rural, give location) **1212 W. Lexington St.**

C. Length of stay in Baltimore **2**

Yrs.
Mos.
Days

5. SEX
Female

6. COLOR OR RACE
Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
II

8. DATE OF BIRTH **10/25/02**

9. AGE (in years last birthday) **50**

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
H. Wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Va.

12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME **Andrew Hall**

14. MOTHER'S MAIDEN NAME
Angel Lenken

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
none

17. INFORMANT ADDRESS
Osborne Straiten 1212 W. Lex. St.

18. **581.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Bilateral confluent bronchopneumonia**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Fatty infiltration of liver**

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **partial autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

M.D.

23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR

23C. DATE SIGNED **Feb. 12, 1953**

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
2/14/53

24C. NAME OF CEMETERY OR CREMATORY
Mt Auburn

24D. LOCATION (City, town, or county) (State)
Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 13 1953

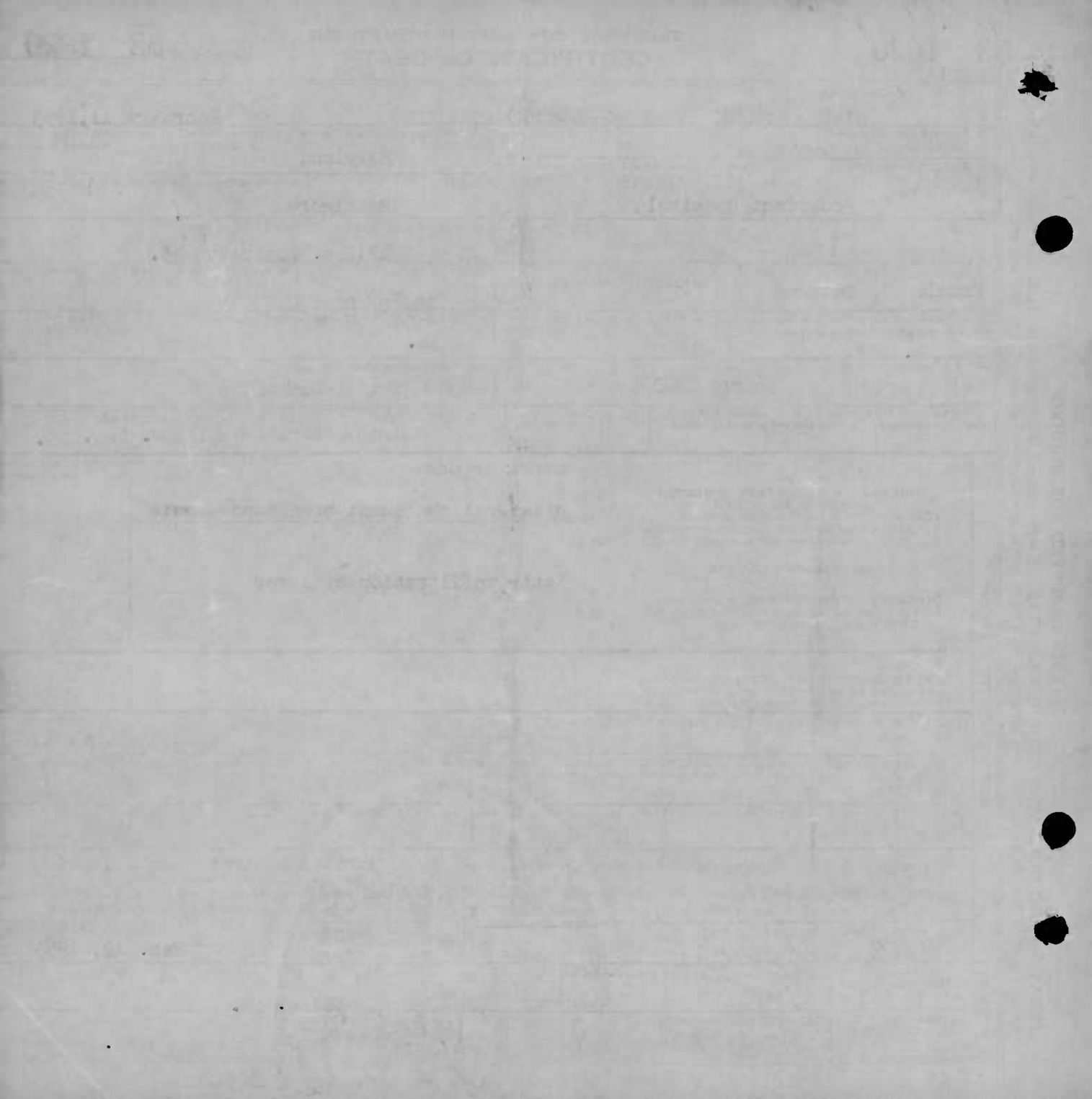
Huntington 5300 Ed. G. Nelson 1303 Presstman St.

V S 151

Geo. H. Nelson

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 16211. NAME OF DECEASED
(Type or Print)James Edwards2. DATE
OF
DEATH2/10/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)502- Orchard St.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)Baltimore 17-01

D. STREET ADDRESS (If rural, give location)

502- Orchard St.

c. Length of stay in Baltimore

YearsYrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

Colored7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)married

8. DATE OF BIRTH

? 18949. AGE (in years
last birthday)58If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)See mar.10B. KIND OF BUSINESS OR
INDUSTRYSelf

11. BIRTHPLACE (State or foreign country)

South Carolina12. CITIZEN OF
WHAT COUNTRY?U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)no.16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Margie Stalker-502- Orchard St.18. 490xDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

Isotretinoin

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH6 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/7/1953 to 2/9/1953, that I last saw the
deceased alive on 2/9/1953 and that death occurred at 2:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

J. B. Hart

M. D.

23B. ADDRESS

450 W. Beall St

23C. DATE SIGNED

2/10/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial

24B. DATE

2/15/53

24C. NAME OF CEMETERY OR CREMATORY

Int. Auburn

24D. LOCATION (City, town, or county)

Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. J. 5302

25. FUNERAL DIRECTOR

ADDRESS

W. Walstead-918- Spruce Hill Ave.

VS 150

2906 T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly.
correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

2000

2/16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. 53 1822

BIRTH NO.

 1. NAME OF DECEASED
(Type or Print)

Lillie Straus

 2. DATE
OF
DEATH

2-12-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

 B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Sinai Hospital

 4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY

Maryland

 C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

Belvedere Hotel Apt. 730

c. Length of stay in Baltimore

62 yrs

5. SEX

F

6. COLOR OR RACE

Jewish

 7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Oct 27 1870

 9. AGE (in years
last birthday)

82

 If Under 1 Year
Months; Days

3 17

 If Under 24 Hours
Hours Min.

 10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House work

 10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

 12. CITIZEN OF
WHAT COUNTRY?

America

13. FATHER'S NAME

Solomon Myers

14. MOTHER'S MAIDEN NAME

Lutz

 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

 16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Aaron Straus Belvedere Hotel

18. 420.0

CAUSE OF DEATH

 INTERVAL BETWEEN
ONSET AND DEATH

 DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cardiac failure

DUE TO

ANTECEDENT CAUSES

 DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Arteriosclerotic Heart disease

DUE TO

 II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

 Astmatic Bronchitis
Auricular fibrillation

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

 YES ☐ NO ☒

 21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

 21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

 21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

 21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

 WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

 22. I hereby certify that I attended the deceased from 2 - 2, 1953, to 2 - 11, 1953, that I last saw the
deceased alive on 2 - 11, 1953, and that death occurred at 7 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Samuel D. Libman

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

2-12-53

 24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

 DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

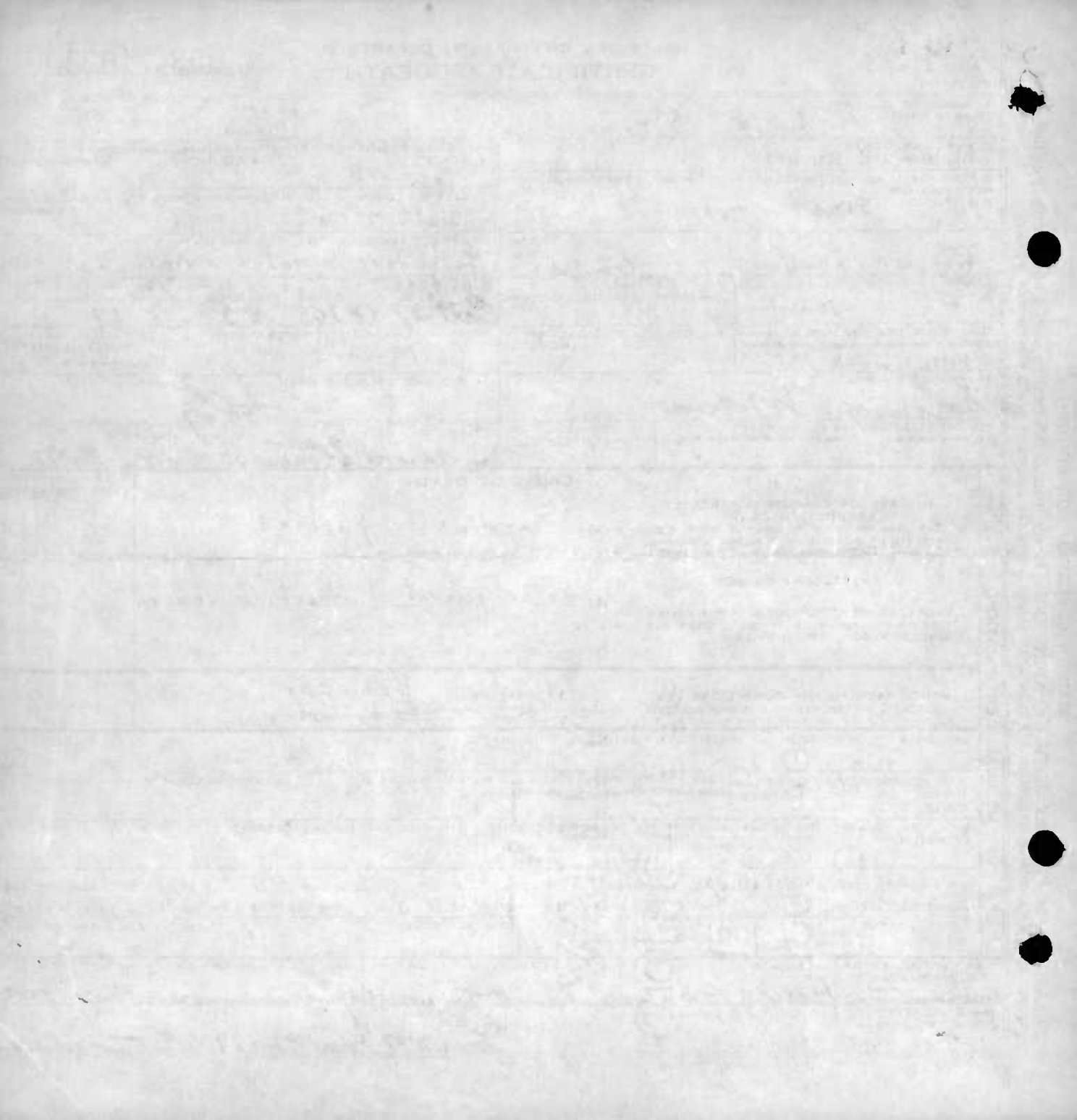
25. FUNERAL DIRECTOR

ADDRESS

FEB 13 1953

Huntington Williams, Jr.

1902 Euter place



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 1823

BIRTH NO. 167594

1. NAME OF DECEASED (Type or Print) Norma Smith			2. DATE OF DEATH 2-10-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 20 years			D. STREET ADDRESS (If rural, give location) 2646 West Harlem Avenue		
5. SEX F	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 16, 1924		9. AGE (In years last birthday) 28
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) West Virginia		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Arthur J. Wyman			14. MOTHER'S MAIDEN NAME Margaret Webster		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS B. C. H. 4940 Eastern Ave. (record) ✓		

18. 011X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Tuberculous Meningitis (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Tuberculous Peritonitis (B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2-8-** 19**53**, to **2-10-53**, 19__, that I last saw the deceased alive on **2-10-**, 19**53**, and that death occurred at **7 P.** m., from the causes and on the date stated above.

23A. SIGNATURE H. J. [Signature]		23B. ADDRESS 4940 Eastern Avenue M. D.		23C. DATE SIGNED 2/11/53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/14/53	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	24D. LOCATION (City, town, or county) (State) Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 13 1953		REGISTRAR'S SIGNATURE Huntington [Signature]		25. FUNERAL DIRECTOR'S ADDRESS Charles R. Law, 802 Mad. Ave

100546

100546

100546

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 1624

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LULA

NORWOOD

2. DATE OF DEATH
February 11, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

5. FULL NAME OF HOSPITAL OR INSTITUTION (not in hospital or institution, give street address or location)

Provident

D. STREET ADDRESS (If rural, give location)

1607 McCulloh St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

4-16-04

9. AGE (in years last birthday)

48

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Redspring, D.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Alex McMillan

14. MOTHER'S MAIDEN NAME

Harriette

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

Mina Heat, 1606 McCulloh St.

18. 023X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Syphilitic Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. H. H.

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED
Feb. 12, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/16/53

24C. NAME OF CEMETERY OR CREMATORY

Int. Auburn

24D. LOCATION (City, town, or county)

Balto., Md

DATE RECEIVED BY LOCAL REGISTRAR

FEB 13 1953

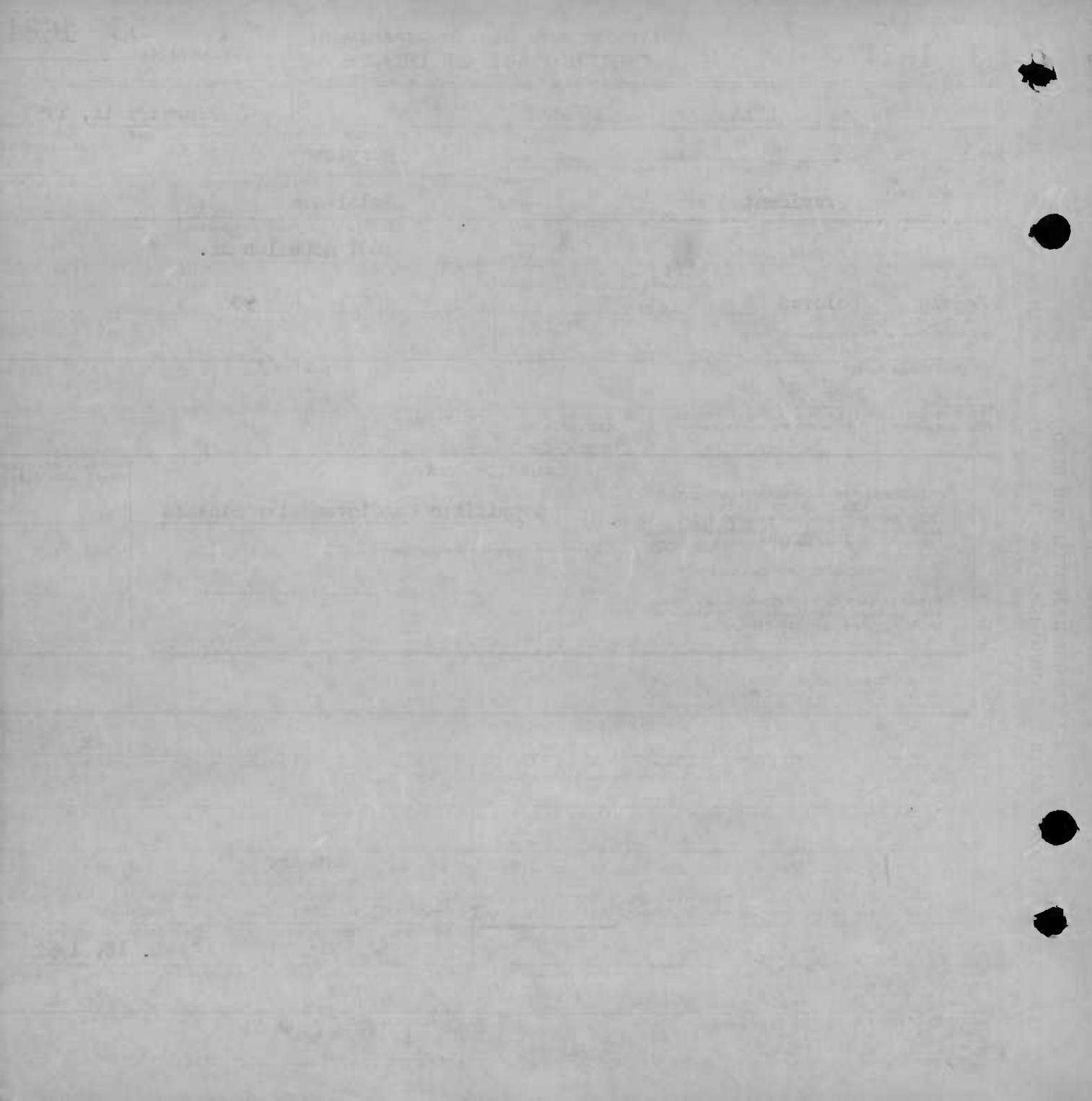
REGISTRAR'S SIGNATURE

Huntington H. H. H.

25. FUNERAL DIRECTOR

Charles K. Law, 800 Mad. Ave

ADDRESS



F 615
53 1625BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1625
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY ELIZABETH PLATT FAIRBANK

2. DATE OF DEATH
Feb. 11, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY none

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

234 Laurens St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

234 Laurens St.

c. Length of stay in Baltimore

life Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

Jan. 8, 1867

9. AGE (In years last birthday)

86

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?
U. S.

13. FATHER'S NAME

Thomas M. Platt

14. MOTHER'S MAIDEN NAME

Jennie Henderson Canavan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Jennie P. Rennie

ADDRESS

234 Laurens St.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) acute myocarditis
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) hypertensive
DUE TO
(C) arteriosclerosis

3 weeks.

4 years

?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1953, to Feb. 11, 1953, that I last saw the deceased alive on Feb. 10, 1953, and that death occurred at 11 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

1118 St. Paul St.

23C. DATE SIGNED

2 - 13 - 53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2 - 13 - 53

24C. NAME OF CEMETERY OR CREMATORY

Greenmount

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell & Sons, Inc. - 1900 Eutaw Place

FEB 13 1953

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

323
53 1626BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1626
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ARTHUR STOCKETT

2. DATE
OF
DEATH

Feb. 11, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
Md.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

2706 Roslyn Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2706 Roslyn Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Mar. 21, 1876

9. AGE (In years
last birthday)

76

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salesman Candy

10B. KIND OF BUSINESS OR
INDUSTRY

self employed

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John W. Stockett

14. MOTHER'S MAIDEN NAME

Monterey Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or date of service)

no

16. SOCIAL
SECURITY NO.

212-104049

17. INFORMANT

ADDRESS

Miss E. E. Stockett-2706 Roslyn Ave.

18. 420.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

From History - coronary thrombosis

DUE TO

Cardio-vascular disease

(B)

DUE TO

Arterio sclerosis - Hypertension

(C)

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

about 1/2 hr

about
2 yrs.
P

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/11, 1951, to Feb 11, 1953, that I last saw the
deceased alive on Aug 1, 1952, and that death occurred at 6:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Harris S. Tubb

M. D.

23B. ADDRESS

2220 Harrison Blvd

23C. DATE SIGNED

Feb. 13/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/14/53

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Wm. J. Vickener & Sons

ADDRESS

Baltimore 17, Md.

STATE OF NEW YORK
CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

EDUCATION

OCCUPATION

RELIGION

CAUSE OF DEATH

MANNER OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

NAME OF FUNERAL HOME

NAME OF MINISTER

NAME OF CLERGYMAN

NAME OF CHURCH

NAME OF CEMETERY

NAME OF INTERVIEWER

NAME OF WITNESS

NAME OF SIGNER

NAME OF OFFICIAL

NAME OF JUDGE

NAME OF CLERK

NAME OF SHERIFF

NAME OF CONSTABLE

NAME OF JURY

NAME OF VERDICT

NAME OF COURT

NAME OF JUDGE

NAME OF CLERK

NAME OF SHERIFF

NAME OF CONSTABLE

NAME OF JURY

NAME OF VERDICT

NAME OF COURT

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELMIRA CARTER MOORE

2. DATE
OF
DEATH

Feb. 12, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

4205 Maine Ave.

C. CITY OR TOWN (If outside corporate limits, give RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

4205 Maine Ave.

c. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Dec. 4, 1869

9. AGE (in years
last birthday)

83

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

New Jersey

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Carter

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Mr. Edwin H. Moore - 4205 Maine Ave.

18. 420.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2 yrs

3 yrs

5 yrs

II.
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Generalized Arterio-sclerosis

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 3rd, 1950, to Feb. 12, 1953, that I last saw the
deceased alive on Feb. 11, 1953, and that death occurred at 10:47 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Paul L. Chamberlain

M. D.

23B. ADDRESS

4108 Liberty St. N. J.

23C. DATE SIGNED

2/13/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

2/16/53

24C. NAME OF CEMETERY OR CREMATORY

Bordentown Cem.,

24D. LOCATION (City, town, or county)

Bordentown, N. J.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Whitehead, M.D.

25. FUNERAL DIRECTOR

ADDRESS

FEB 13 1953

VS 150

Bath 17, Md.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

1. Name of deceased

2. Sex

3. Age

4. Date of birth

5. Place of birth

6. Date of death

7. Place of death

8. Cause of death

9. Date of burial

10. Place of burial

11. Name of informant

12. Signature of informant

13. Date of registration

14. Registrar's signature

15. Date of registration

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 1628

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ELI G. HECHT			2. DATE OF DEATH Feb. 12, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cylburn Ct. Apts Eutaw Place & Brooks Lane			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) Cylburne Ct. Apts.			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 17, 1875		9. AGE (In years last birthday) 77
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock Broker		10B. KIND OF BUSINESS OR INDUSTRY Stocks	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Jacob Hecht			14. MOTHER'S MAIDEN NAME Amelia Rosewald		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 215-05-0404	17. INFORMANT Mrs. Blanche S. Hecht - Cylburne Ct. Apts.		
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion DUE TO Coronary Sclerosis DUE TO General Arterio Sclerosis			INTERVAL BETWEEN ONSET AND DEATH immediate 4 years 5 or 6 yrs		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 15 , 19 49 , to Feb 12th , 19 53 that I last saw the deceased alive on Feb 11th , 19 53 , and that death occurred at 4.05A m., from the causes and on the date stated above.					
23A. SIGNATURE Erwin E. Meyer M.D.		23B. ADDRESS The Eaplanade 17		23C. DATE SIGNED Feb 12/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/13/53	24C. NAME OF CEMETERY OR CREMATORY Balto. Hebrew Congregation		24D. LOCATION (City, town, or county) (State) Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 13 1953	REGISTRAR'S SIGNATURE Huntington		25. FUNERAL DIRECTOR 26m 27		ADDRESS Lickner & Sons Balto 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 1629

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Hamilton, Charlotte2. DATE
OF
DEATH12 Feb 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence

A. STATE

B. COUNTY

before admission)

Md.Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

Union Memorial Hosp.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BaltimoreMiddle River

D. STREET ADDRESS (If rural, give location)

Rt. 15, Box 174

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single.

8. DATE OF BIRTH

7 Oct 1885.

9. AGE (In years

last birthday)

67

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland.

12. CITIZEN OF WHAT COUNTRY?

USA.

13. FATHER'S NAME

Joseph Downey Hamilton

14. MOTHER'S MAIDEN NAME

Selina Carree.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Selina Hughes-Rt. 15, Box 174, Balto.20, Md.18. 331X and 260X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cerebral Vascular Accident

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) HypertensionDiabetes Mellitus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from 5 Feb, 1953 to 12 Feb, 1953 that I last saw the deceased alive on 12 Feb, 1953, and that death occurred at 12:35 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Thos. C. S. Moulton

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

12 Feb 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/16/53

24C. NAME OF CEMETERY OR CREMATORY

Balto. Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

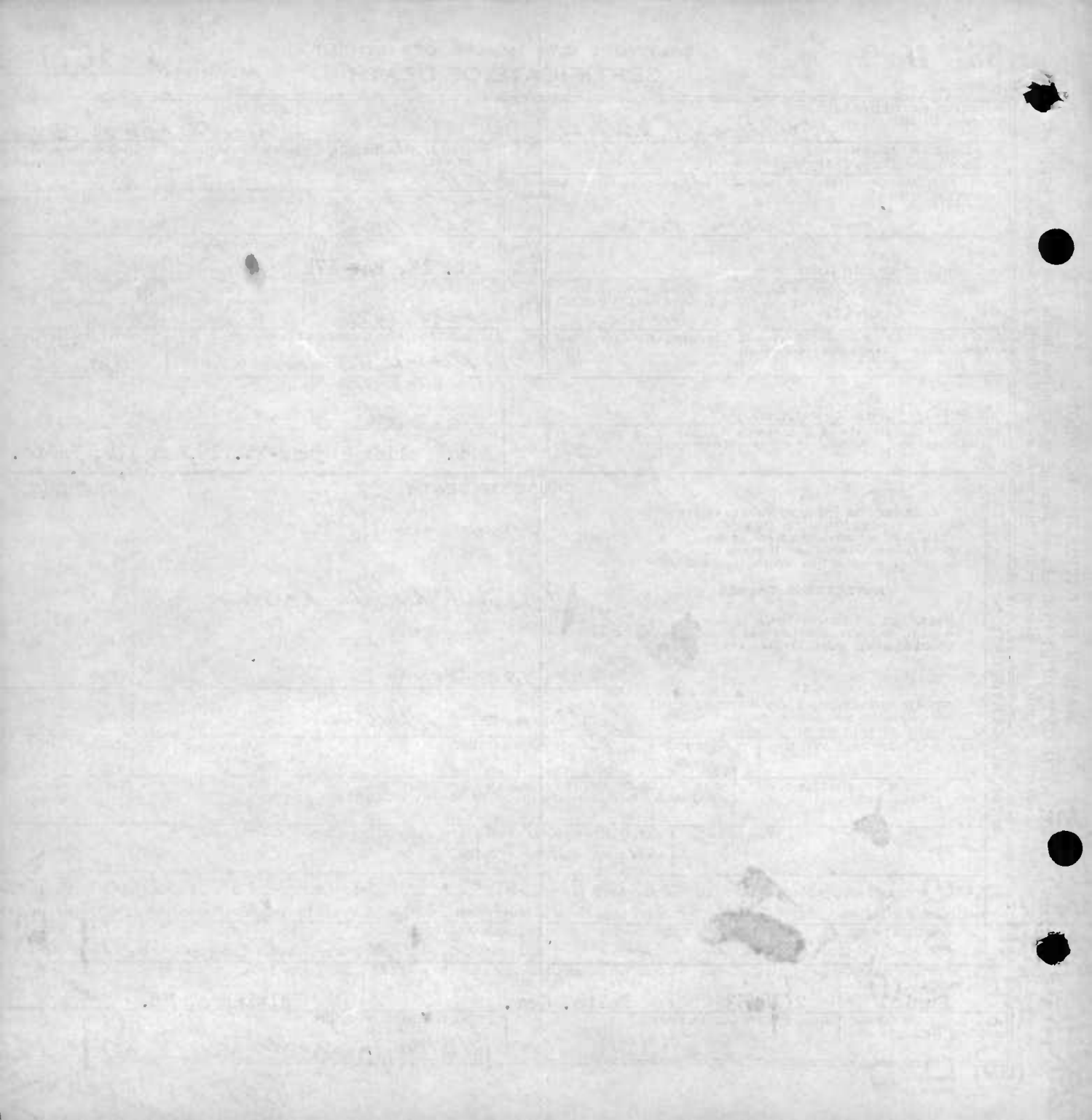
25. FUNERAL DIRECTOR

ADDRESS

FEB 1 3 1953Huntington 5/13/1953Wm. J. Tichner & Sons

VS 150

Balto 17, Md.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1630

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARGUERIETE E. CROOKS

2. DATE
OF
DEATH

Feb. 11, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Haven Nursing Home

4515 Garrison Blvd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

white

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Aug. 6, 1868

9. AGE (In years
last birthday)

84

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Anthony DeFalco

14. MOTHER'S MAIDEN NAME

Mamie (unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Gordon Crooks - Stevenson, Md.

18. 422.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Virus Pneumonia

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Chronic Myocarditis

DUE TO

2 yrs

(C)

Art. Sclerosis

5 yrs

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1948, to Feb. 11th, 1953, that I last saw the
deceased alive on Feb. 10th, 1953, and that death occurred at 12 A.M., from the causes and on the date stated above.

23A. SIGNATURE

James A. Miller, M.D.

23B. ADDRESS

Pikesville, Md.

23C. DATE SIGNED

2/12/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremation

24B. DATE

2/13/53

24C. NAME OF CEMETERY OR CREMATORY

Green Mount Crem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 13 1953

Huntington

Baltimore, Md.

J. S. Schaefer & Sons

Balto 17 Md.

VS 150

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 1631**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) EMMA LOUISE EISENLOHR		2. DATE OF DEATH Feb 11-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland 2820 Presstman		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE 2820 Presstman B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2820 Presstman Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Md	
c. Length of stay in Baltimore Left		D. STREET ADDRESS (If rural, give location) 2820 Presstman	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 16-1863
9. AGE (In years last birthday) 89		10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY ✓	
11. BIRTHPLACE (State or foreign country) Balto, used America		12. CITIZEN OF WHAT COUNTRY? American	
13. FATHER'S NAME Geo. Yungler		14. MOTHER'S MAIDEN NAME Catherine Beck	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Carrie E. Butler, 2820 Presstman		ADDRESS 2820 Presstman	
18. 490x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Lobar Pneumonia DUE TO (A) ✓		INTERVAL BETWEEN ONSET AND DEATH 3 days	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) ✓ (C) ✓			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION ✓	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ✓		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ✓	
21C. WHERE DID INJURY OCCUR? ✓		(If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY ✓		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21F. HOW DID INJURY OCCUR? ✓			
22. I hereby certify that I attended the deceased from Jan 13, 1953 to Feb 11, 1953 , that I last saw the deceased alive on Feb 11, 1953 and that death occurred at 11:30 A.M. , from the causes and on the date stated above.			
23A. SIGNATURE John D. [Signature]		23B. ADDRESS 1219 Poplar Street	
23C. DATE SIGNED 2/12/53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/14/53	
24C. NAME OF CEMETERY OR CREMATORY Western Cem.		24D. LOCATION (City, town, or county) (State) Balto, Md	
DATE RECEIVED BY LOCAL REGISTRAR FEB 13 1953		REGISTRAR'S SIGNATURE Huntington [Signature]	
25. FUNERAL DIRECTOR Wm. J. [Signature]		ADDRESS Balto 17, Md	

MARGIN RESERVED FOR BINDING

PLEASE PRINT PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1632

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM R. SMITH

2. DATE
OF
DEATH

Feb. 11, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3527 Newland Rd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3527 Newland Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Mar. 28, 1883

9. AGE (In years
last birthday)

69

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

clerk

10B. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John H. Smith

14. MOTHER'S MAIDEN NAME

Emily R. Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

World War I

16. SOCIAL SECURITY NO.

17. INFORMANT

Mr. George F. Smith - 31 N. Front St. Harrisburg, Pa.

18. 154 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CARCINOMATOSIS

DUE TO

1 YR

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) CARCINOMA OF RECTUM

DUE TO

3 YRS

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) UREMIA

48 HRS

PROSTATIC HYPERTROPHY

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from AUG 14, 1952 to FEB 11, 1953, that I last saw the deceased alive on FEB 11, 1953, and that death occurred at 1 a. m., from the causes and on the date stated above.

23A. SIGNATURE

John M. Scott

M. D.

23B. ADDRESS

8 LONGWOOD ROAD

23C. DATE SIGNED

2/10/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/13/53

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams

25. FUNERAL DIRECTOR

Wm. J. Tichenor & Sons

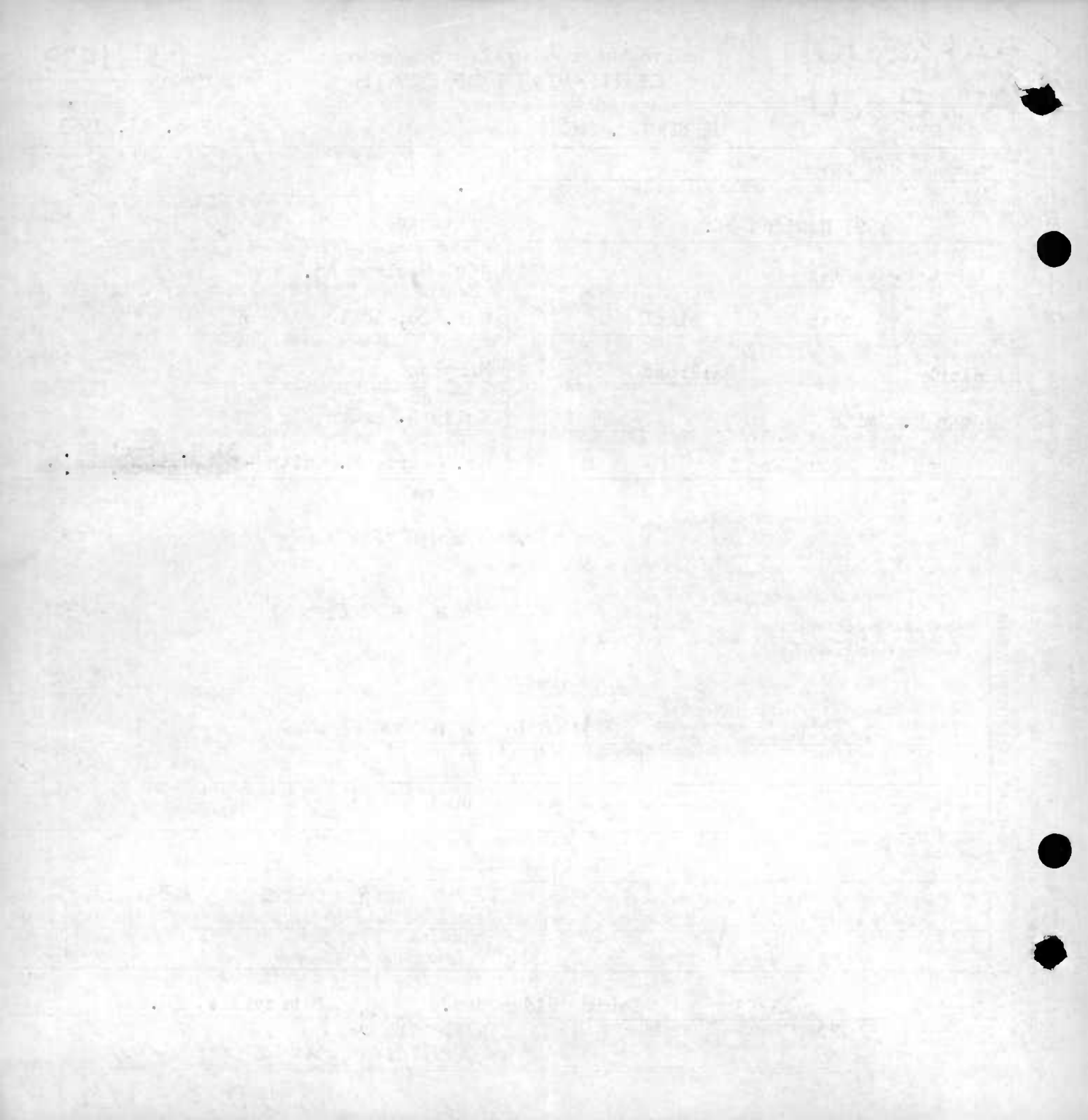
ADDRESS

Balto 17, Md.

FEB 13 1953

VS 150

39050



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 1633

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELEANOR E. KIDD

2. DATE
OF
DEATH

February 11, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

1726 Byrd St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1726 Byrd St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Sept. 1, 1895

9. AGE (in years
last birthday)

57

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

--

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Spurry

14. MOTHER'S MAIDEN NAME

Mary Marshall

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

-

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Edith Kidd - 1726 Byrd St.

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

DUE TO

(A) Atherosclerotic Heart Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Chronic Decomensation

(C)

4 weeks

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/4, 1953 to 2/11, 1953 that I last saw the
deceased alive on 2/11, 1953, and that death occurred at 2 P m., from the causes and on the date stated above.

23A. SIGNATURE

Vincent M. Messina

M. D.

23B. ADDRESS

1403 S Charles St

23C. DATE SIGNED

2/12/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/16/53

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cem.

24D. LOCATION (City, town, or county)

A. A. Co., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 13 1953

Huntington 540.0

Wm. J. Pickner & Sons

Baths 17 Md.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 53 1634

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Trollie Lee Conner

2. DATE
OF
DEATH

2- 11 53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

**Baltimore City Hospital
4940 Eastern Ave**

C. CITY OR TOWN (If outside corporate limits, write P.O. and give township)

Baltimore

c. Length of stay in Baltimore Yrs.
Mos.
Days

12yrs

D. STREET ADDRESS (If rural, give location)

641 Portland St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widower

8. DATE OF BIRTH

Feb. 16, 1908

9. AGE (In years
last birthday)

44

If Under 1 Year
Months Days

If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Day Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Cats Paw Rubber Heel

11. BIRTHPLACE (State or foreign country)

N.C

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

J.C. Conner

14. MOTHER'S MAIDEN NAME

Mary Senft.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS
(Records) **4940 Eastern Ave. B.C.H.**

18. **593X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Uremia**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) **Glomerulonephritis**

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2-5-53**, 19**53** to **2.11.53**, 19**53**, that I last saw the deceased alive on **2.11.53**, 19**53**, and that death occurred at **12.15 PM**, from the causes and on the date stated above.

23A. SIGNATURE

H. J. G. Conner

23B. ADDRESS

4940 Eastern Ave

23C. DATE SIGNED

2.11.53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Feb. 14, 1953

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Edmond Evans

ADDRESS

1400 S Charles St

FEB 13 1953

VS 150

9704U

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 1835

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Nathaniel Wilson

2. DATE

OF DEATH Feb-7-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1536 North Wolfe Street

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1536 North Wolfe Street

C. Length of stay in Baltimore

25 Yrs.

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

?

9. AGE (In years last birthday)

70

If Under 1 Year

If Under 24 Hours

Months

Days

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

In General

11. BIRTHPLACE (State or foreign country)

Suffolk Va.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If Yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

216-03-7994

17. INFORMANT

Moselle Small

ADDRESS

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Atypical Pneumonia2-5-53

ANTECEDENT CAUSES

(B) Arteriosclerotic heart disease?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.Toxemia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-5-1953 to 2-7-1953, that I last saw the deceased alive on 2-7-1953, and that death occurred at 7 A m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/14/53

24C. NAME OF CEMETERY OR CREMATORY

St. Mary's

24D. LOCATION (City, town, or county)

Brooklyn Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

BALTIMORE & HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Birth		5. Date of Death	
6. Place of Birth		7. Usual Residence		8. Cause of Death		9. Manner of Death		10. Signature of Physician	
11. Signature of Registrar		12. Signature of Coroner		13. Signature of Medical Examiner		14. Signature of Pathologist		15. Signature of Forensic Physician	
16. Signature of Burial Officer		17. Signature of Undertaker		18. Signature of Funeral Home		19. Signature of Cemetery		20. Signature of Burial Place	
21. Signature of Burial Place		22. Signature of Burial Place		23. Signature of Burial Place		24. Signature of Burial Place		25. Signature of Burial Place	
26. Signature of Burial Place		27. Signature of Burial Place		28. Signature of Burial Place		29. Signature of Burial Place		30. Signature of Burial Place	
31. Signature of Burial Place		32. Signature of Burial Place		33. Signature of Burial Place		34. Signature of Burial Place		35. Signature of Burial Place	
36. Signature of Burial Place		37. Signature of Burial Place		38. Signature of Burial Place		39. Signature of Burial Place		40. Signature of Burial Place	
41. Signature of Burial Place		42. Signature of Burial Place		43. Signature of Burial Place		44. Signature of Burial Place		45. Signature of Burial Place	
46. Signature of Burial Place		47. Signature of Burial Place		48. Signature of Burial Place		49. Signature of Burial Place		50. Signature of Burial Place	
51. Signature of Burial Place		52. Signature of Burial Place		53. Signature of Burial Place		54. Signature of Burial Place		55. Signature of Burial Place	
56. Signature of Burial Place		57. Signature of Burial Place		58. Signature of Burial Place		59. Signature of Burial Place		60. Signature of Burial Place	
61. Signature of Burial Place		62. Signature of Burial Place		63. Signature of Burial Place		64. Signature of Burial Place		65. Signature of Burial Place	
66. Signature of Burial Place		67. Signature of Burial Place		68. Signature of Burial Place		69. Signature of Burial Place		70. Signature of Burial Place	
71. Signature of Burial Place		72. Signature of Burial Place		73. Signature of Burial Place		74. Signature of Burial Place		75. Signature of Burial Place	
76. Signature of Burial Place		77. Signature of Burial Place		78. Signature of Burial Place		79. Signature of Burial Place		80. Signature of Burial Place	
81. Signature of Burial Place		82. Signature of Burial Place		83. Signature of Burial Place		84. Signature of Burial Place		85. Signature of Burial Place	
86. Signature of Burial Place		87. Signature of Burial Place		88. Signature of Burial Place		89. Signature of Burial Place		90. Signature of Burial Place	
91. Signature of Burial Place		92. Signature of Burial Place		93. Signature of Burial Place		94. Signature of Burial Place		95. Signature of Burial Place	
96. Signature of Burial Place		97. Signature of Burial Place		98. Signature of Burial Place		99. Signature of Burial Place		100. Signature of Burial Place	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 1636**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Buckhanan Hayes

2. DATE OF DEATH **Feb-7-1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Balto. City**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1364 North Stricker Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1364 North Stricker Street

c. Length of stay in Baltimore

11 Yrs.

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May-6-1905

9. AGE (In years last birthday)

47

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Steel Worker

10B. KIND OF BUSINESS OR INDUSTRY

Steel

11. BIRTHPLACE (State or foreign country)

Roxboro N.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Thomas Hayes

14. MOTHER'S MAIDEN NAME

Roberta Richmond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

218-18-3457

17. INFORMANT

ADDRESS

Tinnie Hayes 1364 N. Stricker St

18. **002X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2/4**, 19**53**, to **2/7**, 19**53**, that I last saw the deceased alive on **2/7**, 19**53** and that death occurred at **4:30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/13/1953

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md.

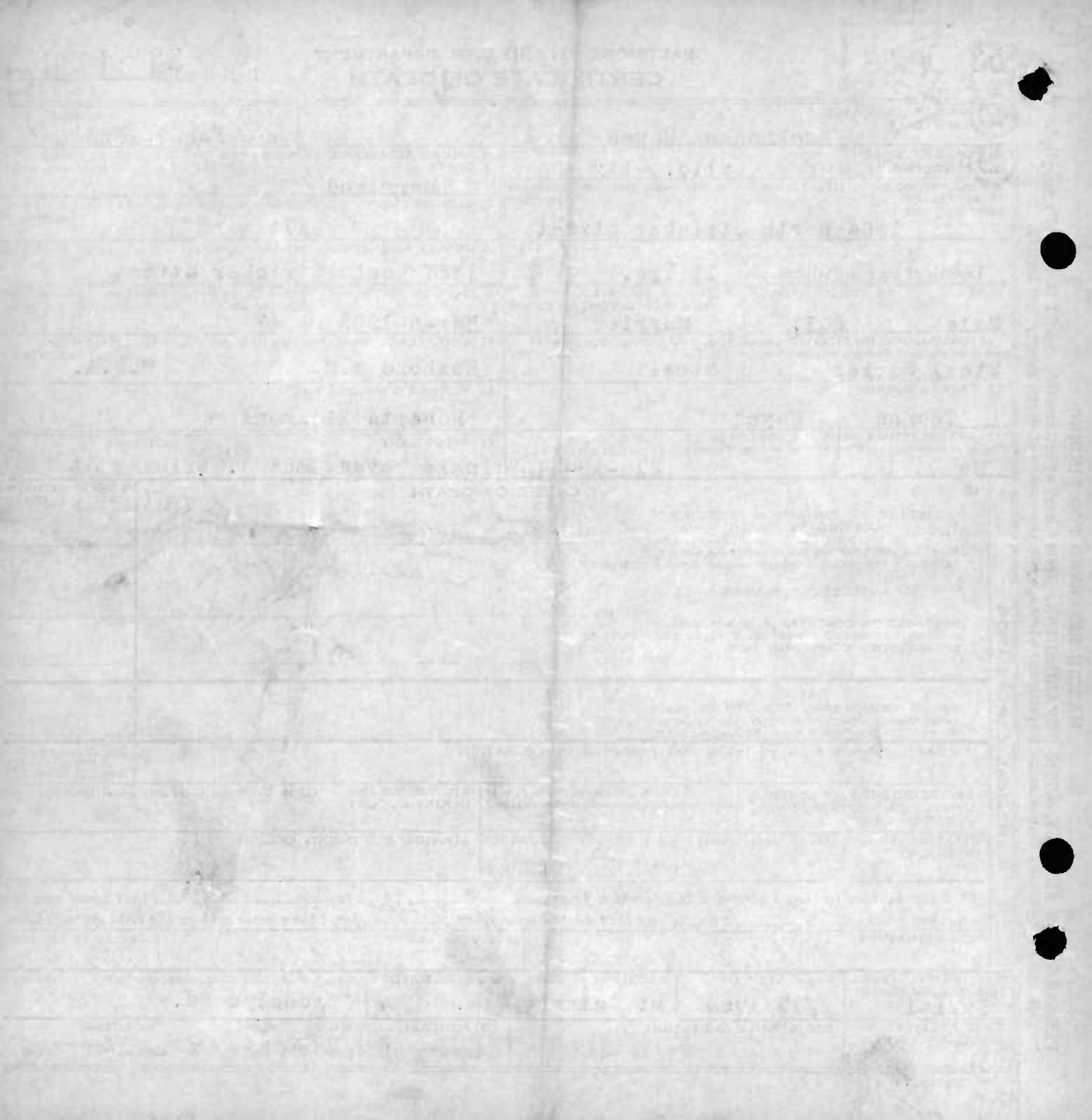
(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



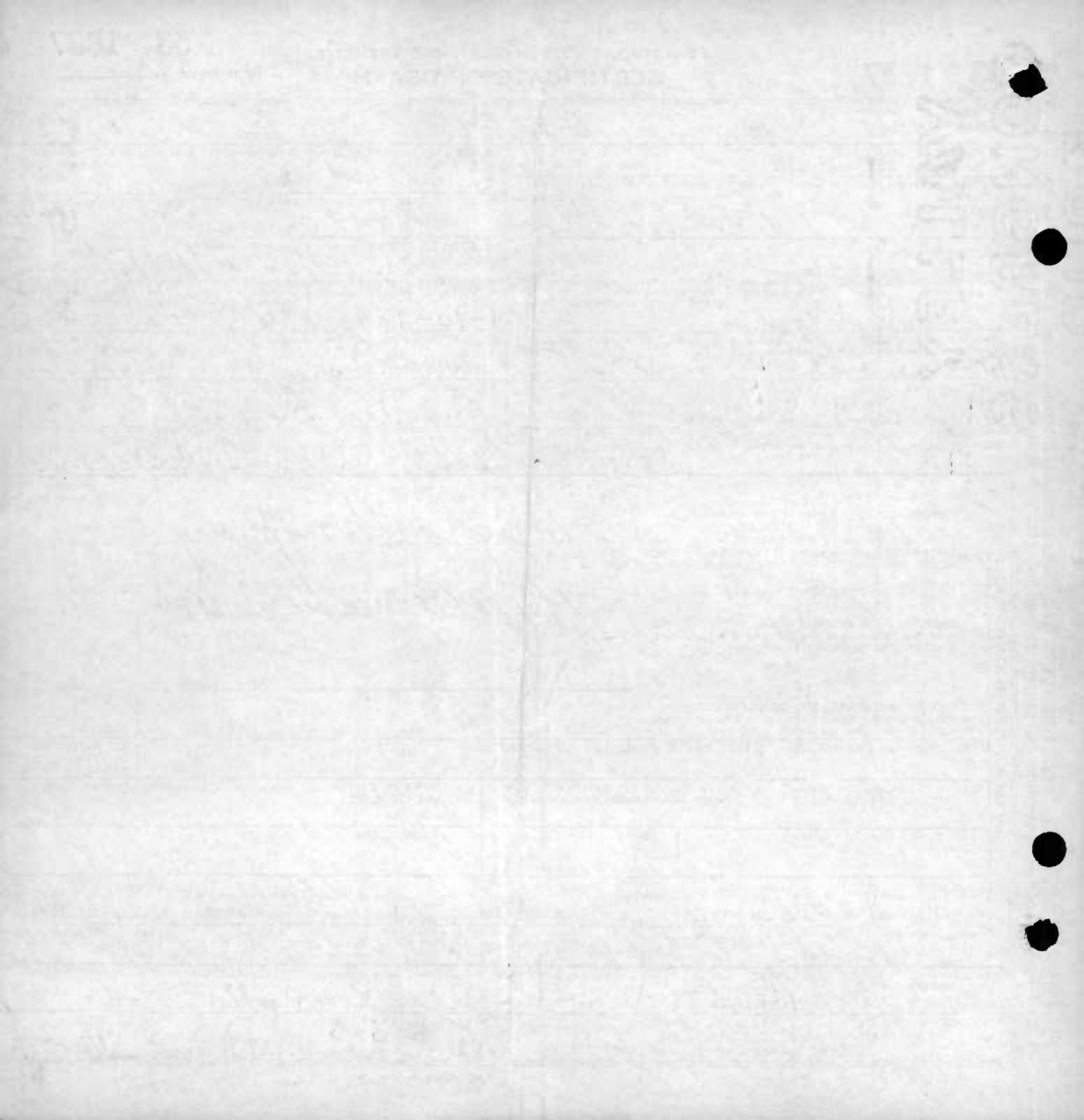
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1637

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Downs, Annie</i>			2. DATE OF DEATH <i>2/12/53</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived if institution: residence before admission) a. STATE <i>Md</i> b. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>1941 Druid Hill Ave</i>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 14-03</i>		
c. Length of stay in Baltimore <i>23</i> Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) <i>1941 Druid Hill Ave</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M.</i>	8. DATE OF BIRTH <i>1-10-188</i>	9. AGE (In years last birthday) <i>65</i>	If Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (State or foreign country) <i>Annapolis, Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>William Simms</i>			14. MOTHER'S MAIDEN NAME <i>Wester Simms</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT ADDRESS <i>Edward M. Downs - Balto. Md.</i>		
18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) <i>Myocardial insufficiency</i> DUE TO (B) <i>Hypertensive Heart Disease</i> DUE TO (C)		
19a. DATE OF OPERATION <i>0</i>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Sept</i> , 19 <i>52</i> to <i>Feb 12</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>Feb 12</i> , 19 <i>53</i> , and that death occurred at <i>1:42 p.m.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Gilbert L. Bumpala</i>		23b. ADDRESS <i>722 N. Fulton Ave</i>		23c. DATE SIGNED <i>2/12/53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>2-15-1953</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Brewer Hill</i>	
24d. LOCATION (City, town, or county) <i>Annapolis, Md.</i>		24e. LOCATION (City, town, or county) (State)			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>Huntington</i>		25. FUNERAL DIRECTOR ADDRESS <i>William Reese, 108 N. Washington St. Annapolis, Md.</i>	

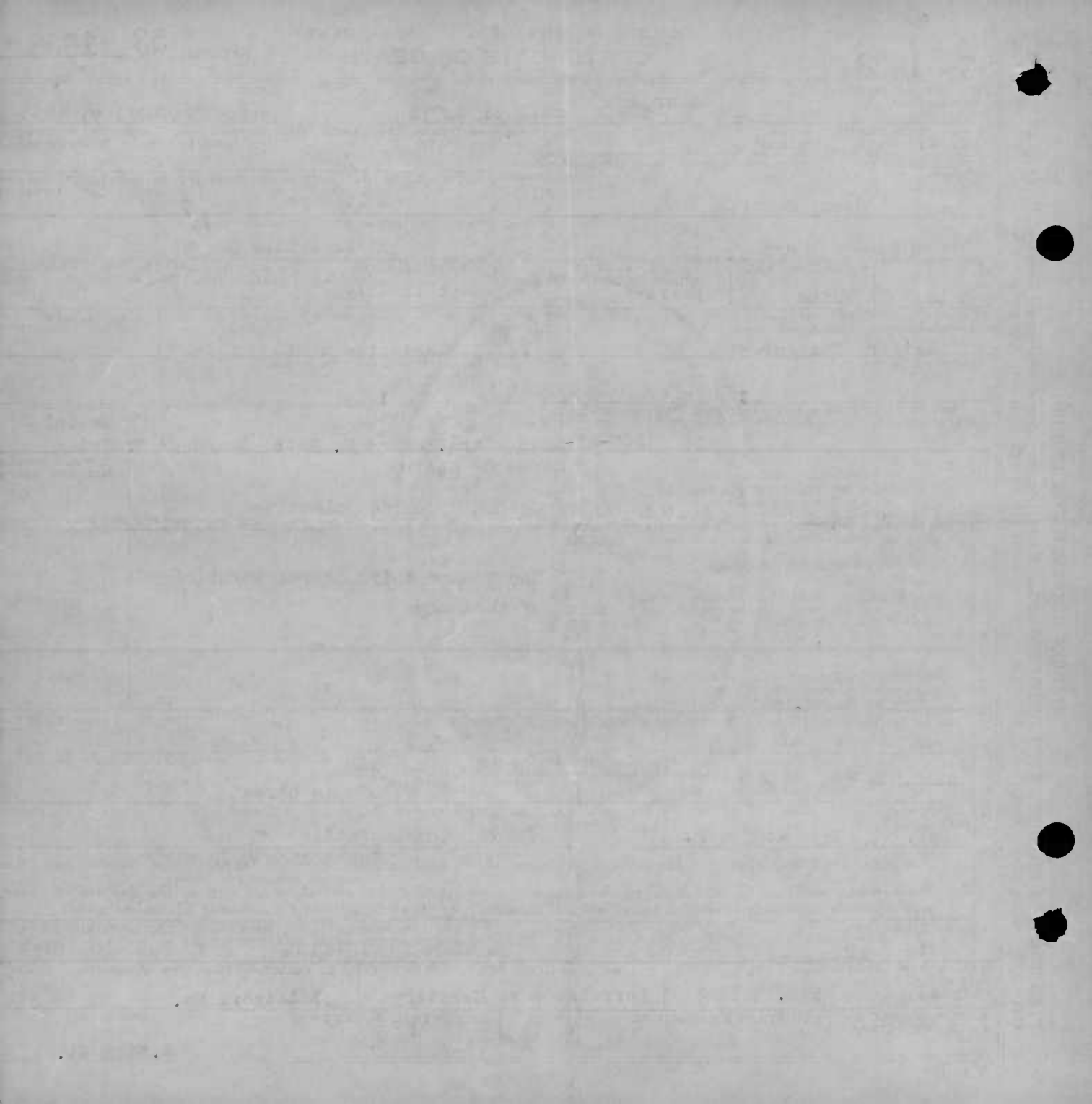


BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 1638**BIRTH NO. **53 1638**

1. NAME OF DECEASED (Type or Print) EDWARD^{or} EDWIN BETZ or BETTS			2. DATE OF DEATH February 9, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 32 W. Biddle Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 12 1912	9. AGE (In years last birthday) 40	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waiter Restaurant		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Washington State		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 360-22-3945		
			17. INFORMANT ADDRESS School Mrs. Edward W. Betts Rosewood Training		

18. E916.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carbon monoxide poisoning XXXX	CAUSE OF DEATH (A) Carbon monoxide poisoning (B) Second and third degree burns of 50% of the body (C) _____	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION Feb. 9, 1953		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 32 W. Biddle Street		11/2
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Feb. 9, 1953 2:00 P.m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Conflagration		
22. I certify that I took charge of the remains described above, held an <u>Inspection & Inquiry</u> thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE William J. Davis		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Feb. 10, 1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Feb. 13 1953	24C. NAME OF CEMETERY OR CREMATORY Lorraine Park Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Huntington		25. FUNERAL DIRECTOR Frank Deller	
		ADDRESS 322 S. High St.		



STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

FILE NO. _____
DATE OF DEATH _____

PLACE OF DEATH _____
CITY _____

COUNTY _____
STATE _____

DECEASED'S NAME _____
SEX _____

AGE _____
DATE OF BIRTH _____

PLACE OF BIRTH _____
CITY _____

COUNTY _____
STATE _____

DECEASED'S OCCUPATION _____
DATE OF DEATH _____

CAUSE OF DEATH _____
MANNER OF DEATH _____

DECEASED'S RESIDENCE _____
CITY _____

COUNTY _____
STATE _____

DECEASED'S MARITAL STATUS _____
DATE OF MARRIAGE _____

DECEASED'S EDUCATION _____
DATE OF DEATH _____

DECEASED'S RELIGION _____
DATE OF DEATH _____

DECEASED'S RACE _____
DATE OF DEATH _____

DECEASED'S SEX _____
DATE OF DEATH _____

DECEASED'S AGE _____
DATE OF DEATH _____

DECEASED'S DATE OF BIRTH _____
DATE OF DEATH _____

DECEASED'S PLACE OF BIRTH _____
DATE OF DEATH _____

DECEASED'S CITY OF BIRTH _____
DATE OF DEATH _____

DECEASED'S COUNTY OF BIRTH _____
DATE OF DEATH _____

DECEASED'S STATE OF BIRTH _____
DATE OF DEATH _____

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 1640
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Alice Hall</i>		2. DATE OF DEATH <i>Feb. 9, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE, (Where deceased lived, If institution; residence before admission) A. STATE <i>MD.</i> B. COUNTY <i>Mont. Co.</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Provident Hospital</i>		C. CITY OR TOWN <i>Balto.</i>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>104 N. Fremont Ave.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>ed.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>July 26, 1884</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>unemployed</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>68</i>
11. BIRTHPLACE (State or foreign country) <i>Washington D.C.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>James Moses</i>		14. MOTHER'S MAIDEN NAME <i>Alice</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Chas. Hall</i>		ADDRESS <i>104 N. Fremont Ave.</i>	

18. <i>593X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Hypertension - Nephritis</i>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST. <i>Uremic coma</i>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>2-8, 1953</i> , to <i>2-8, 1953</i> , that I last saw the deceased alive on <i>2-8, 1953</i> , and that death occurred at <i>2:30 P.M.</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>George Adams</i>	23B. ADDRESS <i>2327 W. North Ave. Bldg. 16 Ind.</i>	23C. DATE SIGNED <i>2-12-53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Feb. 13, 1953</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn Cem.</i>
24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>	25. FUNERAL DIRECTOR <i>Mr. Kate R. Williams</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>Feb. 13, 1953</i>		ADDRESS <i>Schweizer St.</i>

Huntington 1. Schaefer, Jr.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

100

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 1641

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LILLIAN

HASSELL

2. DATE
OF
DEATH Feb. 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

Yrs.
Mos.
Days

c. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

859 W. Lexington Street

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 12, 1881

9. AGE (In years
last birthday)

71

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Washington D.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Bushrod

14. MOTHER'S MAIDEN NAME

Lucy

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Louis Russell 859 W. Lexington St.

18. 42211

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Anteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒ASSISTANT MEDICAL EXAMINER.....☐MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Feb. 10, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2/14/1953

24C. NAME OF CEMETERY OR CREMATORY

Abraham Memorial

24D. LOCATION (City, town, or county)

Abraham Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

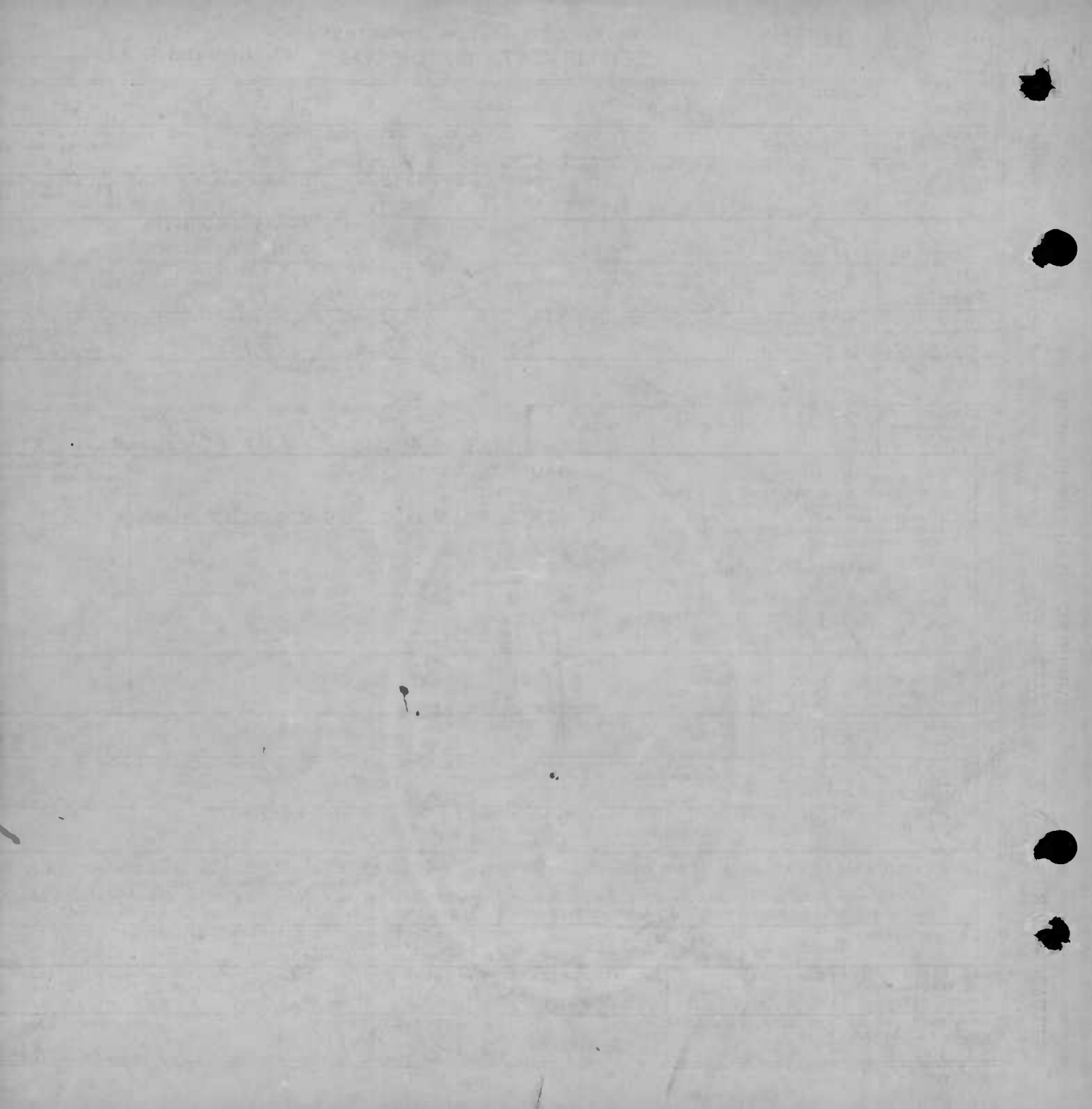
Huntington 5133

25. FUNERAL DIRECTOR

MRS. K. R. Williams

ADDRESS

321 W. Schroeder St.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>MARY Phillips</i>			2. DATE OF DEATH <i>2-11-53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>11-04</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Univ. Hosp.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>		
c. Length of stay in Baltimore Yrs. <i>2</i> Mos. <i>59</i> Days <i>W. Holloman St</i>			D. STREET ADDRESS (If rural, give location)		
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S</i>	8. DATE OF BIRTH <i>July 2, 1911</i>		9. AGE (in years, last birthday) <i>41</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Waitress</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>	
13. FATHER'S NAME <i>John Phillips</i>			14. MOTHER'S MAIDEN NAME <i>Jennie Sims</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>John Phillips 715</i>	
18. <i>022X</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Cardiac Arrest</i>			
DUE TO		(B) <i>Thoracic Surgery for</i>			
ANTECEDENT CAUSES		(C) <i>Arterio Sclerosis</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(D) <i>Arterio Sclerosis</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>2-11-53</i>		19B. MAJOR FINDINGS OF OPERATION <i>Large aneurysm descending aorta</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1-16-53</i> 19, to <i>2-11-53</i> 19, that I last saw the deceased alive on <i>2-11-53</i> and that death occurred at <i>4:00 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Wm. B. Green</i>		23B. ADDRESS <i>Univ. Hosp.</i>		23C. DATE SIGNED <i>2-11-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Feb 16, 1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Wm. B. Green</i>	
24D. LOCATION (City, town, or county) <i>Balto. Md.</i>		24E. NAME OF CEMETERY OR CREMATORY <i>Wm. B. Green</i>		24F. LOCATION (City, town, or county) <i>Balto. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 12 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington</i>		25. FUNERAL DIRECTOR <i>Metropolitan R. Williams</i>	

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

MEMORANDUM FOR THE DIRECTOR

SUBJECT: [Illegible]

DATE: [Illegible]

TO: [Illegible]

FROM: [Illegible]

RE: [Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Etta Wiggins

2. DATE
OF
DEATH

Feb. 9, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

Md.

Ba/to.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2129 W. Fayette St.

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

May 6, 1892

9. AGE (in years

last birthday)

60

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Northumberland Co. Va.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Cephas Woods

14. MOTHER'S MAIDEN NAME

Robertta Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Kenneth Wiggins W. Fayette St.

ADDRESS

2129 W. Fayette St.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Malignant Hypertensive Cardio Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1951, to Feb 9, 1953, that I last saw the deceased alive on Feb 8, 1953, and that death occurred at 80 m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. J. D. Sullivan

M. D.

23B. ADDRESS

511 N. E. Schenck St. Baltimore

23C. DATE SIGNED

3/12/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Feb. 15, 1953

24C. NAME OF CEMETERY OR CREMATORY

Holladay Cem.

24D. LOCATION (City, town, or county)

Northumberland Co. Va.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Mrs. Katie R. Williams Schenck St.

VS 150 3194

Huntington

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1644
Registered No.

BIRTH NO. 4203 1644

1. NAME OF DECEASED (Type or Print) Justine Miles

2. DATE OF DEATH February 10, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE md. B. COUNTY Anne Arundel

5. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Fenndale

7. STREET ADDRESS (If rural, give location)
300 Bishop Drive, 5200

8. Length of stay in Baltimore

9. SEX Female

10. COLOR OR RACE Colored

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

12. DATE OF BIRTH 12-27-48

13. AGE (in years last birthday) 4

14. If Under 1 Year Months: Days

15. If Under 24 Hours Hours: Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
None

17. KIND OF BUSINESS OR INDUSTRY

18. BIRTHPLACE (State or foreign country)
Balto. Co. Md.

19. CITIZEN OF WHAT COUNTRY?
USA

20. FATHER'S NAME
Abey Miles

21. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)
No

22. SOCIAL SECURITY NO.

23. INFORMANT
JOHNS HOPKINS HOSPITAL

24. ADDRESS

25. CAUSE OF DEATH

26. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Pyogenic septicemia and Leukemia

27. ANTECEDENT CAUSES
(B) _____
(C) _____

28. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

29. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

30. DATE OF OPERATION 2-10-53

31. MAJOR FINDINGS OF OPERATION

32. AUTOPSY?
YES ☒ NO ☐

33. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

34. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

35. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

36. TIME (Month) (Day) (Year) (Hour) OF INJURY

37. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

38. HOW DID INJURY OCCUR?

39. I hereby certify that I attended the deceased from 12-27-1952, to 2-10-1953, that I last saw the deceased alive on 2-10-1953, and that death occurred at 8:05 P.M., from the causes and on the date stated above.

40. SIGNATURE Henry M. Seidel M. D.

41. ADDRESS JOHNS HOPKINS HOSPITAL

42. DATE SIGNED

43. BURIAL, CREMATION, REMOVAL (Specify) Burial

44. DATE 2/14/1953

45. NAME OF CEMETERY OR CREMATORY Dorsey Md.

46. LOCATION (City, town, or county) (State) Dorsey Md.

47. DATE RECEIVED BY LOCAL REGISTRAR FEB 13 1953

48. REGISTRAR'S SIGNATURE Huntington

49. FUNERAL DIRECTOR Miss Yvonne Williams

50. ADDRESS Schwood St.

1910

1910

1910

1910

1910

1910

1910

1910

1910

1910

1910

CERTIFICATE OF DEATH

<p>1. Name of deceased: _____</p>		<p>2. Sex: _____</p>	
<p>3. Age: _____</p>		<p>4. Date of death: _____</p>	
<p>5. Place of death: _____</p>		<p>6. Cause of death: _____</p>	
<p>7. Signature of physician: _____</p>		<p>8. Signature of registrar: _____</p>	
<p>9. Signature of informant: _____</p>		<p>10. Signature of witness: _____</p>	
<p>11. Signature of undertaker: _____</p>		<p>12. Signature of funeral home: _____</p>	
<p>13. Signature of cemetery: _____</p>		<p>14. Signature of burial place: _____</p>	
<p>15. Signature of interment: _____</p>		<p>16. Signature of final disposition: _____</p>	
<p>17. Signature of cremation: _____</p>		<p>18. Signature of other disposition: _____</p>	
<p>19. Signature of other disposition: _____</p>		<p>20. Signature of other disposition: _____</p>	
<p>21. Signature of other disposition: _____</p>		<p>22. Signature of other disposition: _____</p>	
<p>23. Signature of other disposition: _____</p>		<p>24. Signature of other disposition: _____</p>	
<p>25. Signature of other disposition: _____</p>		<p>26. Signature of other disposition: _____</p>	
<p>27. Signature of other disposition: _____</p>		<p>28. Signature of other disposition: _____</p>	
<p>29. Signature of other disposition: _____</p>		<p>30. Signature of other disposition: _____</p>	
<p>31. Signature of other disposition: _____</p>		<p>32. Signature of other disposition: _____</p>	
<p>33. Signature of other disposition: _____</p>		<p>34. Signature of other disposition: _____</p>	
<p>35. Signature of other disposition: _____</p>		<p>36. Signature of other disposition: _____</p>	
<p>37. Signature of other disposition: _____</p>		<p>38. Signature of other disposition: _____</p>	
<p>39. Signature of other disposition: _____</p>		<p>40. Signature of other disposition: _____</p>	
<p>41. Signature of other disposition: _____</p>		<p>42. Signature of other disposition: _____</p>	
<p>43. Signature of other disposition: _____</p>		<p>44. Signature of other disposition: _____</p>	
<p>45. Signature of other disposition: _____</p>		<p>46. Signature of other disposition: _____</p>	
<p>47. Signature of other disposition: _____</p>		<p>48. Signature of other disposition: _____</p>	
<p>49. Signature of other disposition: _____</p>		<p>50. Signature of other disposition: _____</p>	
<p>51. Signature of other disposition: _____</p>		<p>52. Signature of other disposition: _____</p>	
<p>53. Signature of other disposition: _____</p>		<p>54. Signature of other disposition: _____</p>	
<p>55. Signature of other disposition: _____</p>		<p>56. Signature of other disposition: _____</p>	
<p>57. Signature of other disposition: _____</p>		<p>58. Signature of other disposition: _____</p>	
<p>59. Signature of other disposition: _____</p>		<p>60. Signature of other disposition: _____</p>	
<p>61. Signature of other disposition: _____</p>		<p>62. Signature of other disposition: _____</p>	
<p>63. Signature of other disposition: _____</p>		<p>64. Signature of other disposition: _____</p>	
<p>65. Signature of other disposition: _____</p>		<p>66. Signature of other disposition: _____</p>	
<p>67. Signature of other disposition: _____</p>		<p>68. Signature of other disposition: _____</p>	
<p>69. Signature of other disposition: _____</p>		<p>70. Signature of other disposition: _____</p>	
<p>71. Signature of other disposition: _____</p>		<p>72. Signature of other disposition: _____</p>	
<p>73. Signature of other disposition: _____</p>		<p>74. Signature of other disposition: _____</p>	
<p>75. Signature of other disposition: _____</p>		<p>76. Signature of other disposition: _____</p>	
<p>77. Signature of other disposition: _____</p>		<p>78. Signature of other disposition: _____</p>	
<p>79. Signature of other disposition: _____</p>		<p>80. Signature of other disposition: _____</p>	
<p>81. Signature of other disposition: _____</p>		<p>82. Signature of other disposition: _____</p>	
<p>83. Signature of other disposition: _____</p>		<p>84. Signature of other disposition: _____</p>	
<p>85. Signature of other disposition: _____</p>		<p>86. Signature of other disposition: _____</p>	
<p>87. Signature of other disposition: _____</p>		<p>88. Signature of other disposition: _____</p>	
<p>89. Signature of other disposition: _____</p>		<p>90. Signature of other disposition: _____</p>	
<p>91. Signature of other disposition: _____</p>		<p>92. Signature of other disposition: _____</p>	
<p>93. Signature of other disposition: _____</p>		<p>94. Signature of other disposition: _____</p>	
<p>95. Signature of other disposition: _____</p>		<p>96. Signature of other disposition: _____</p>	
<p>97. Signature of other disposition: _____</p>		<p>98. Signature of other disposition: _____</p>	
<p>99. Signature of other disposition: _____</p>		<p>100. Signature of other disposition: _____</p>	

3283 1646

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1646

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alice W. Dates

2. DATE
OF DEATH Feb. 11, 19533. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

822 N. Carrollton Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

822 N. Carrollton Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9. AGE (In years
last birthday)

78

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U. S. A

13. FATHER'S NAME

Nelson Woolford

14. MOTHER'S MAIDEN NAME

Ellen Scott

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Home Records 822 N. Carrollton Ave.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Arteriosclerotic Cardio-vascular ?
DUE TO Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Jan. 28, 1953 to Feb 11, 1953, that I last saw the
deceased alive on Feb. 11, 1953 and that death occurred at 2:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Thomas W. Harris

M. D.

23B. ADDRESS

1824 W. Franklin St.

23C. DATE SIGNED

2-12-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-14-53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem

24D. LOCATION (City, town, or county)

Baltimore,

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington W. Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Mrs. J. B. Hensley Bidder St 578a

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.

53 1847

1. NAME OF DECEASED
(Type or Print)

Nellie Hill

2. DATE
OF
DEATH

Feb 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

2109 McCulloh St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2109 McCulloh St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

May 15, 1887

9. AGE (in years
last birthday)

65

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, or as if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Leven Pollock

14. MOTHER'S MAIDEN NAME

Jane ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, or or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Hartley Smith 2109 McCulloh St

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Chronic Myocarditis

11-14-52

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Chronic Nephritis

(C)

Diabetes Mellitus

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-14-1952 to 2-9-1953 that I last saw the
deceased alive on 2-9-1953 and that death occurred at 7 a. m., from the causes and on the date stated above.

23A. SIGNATURE

C. M. Lawrence M. D.

23B. ADDRESS

1225 Penna Ave

23C. DATE SIGNED

2-12-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

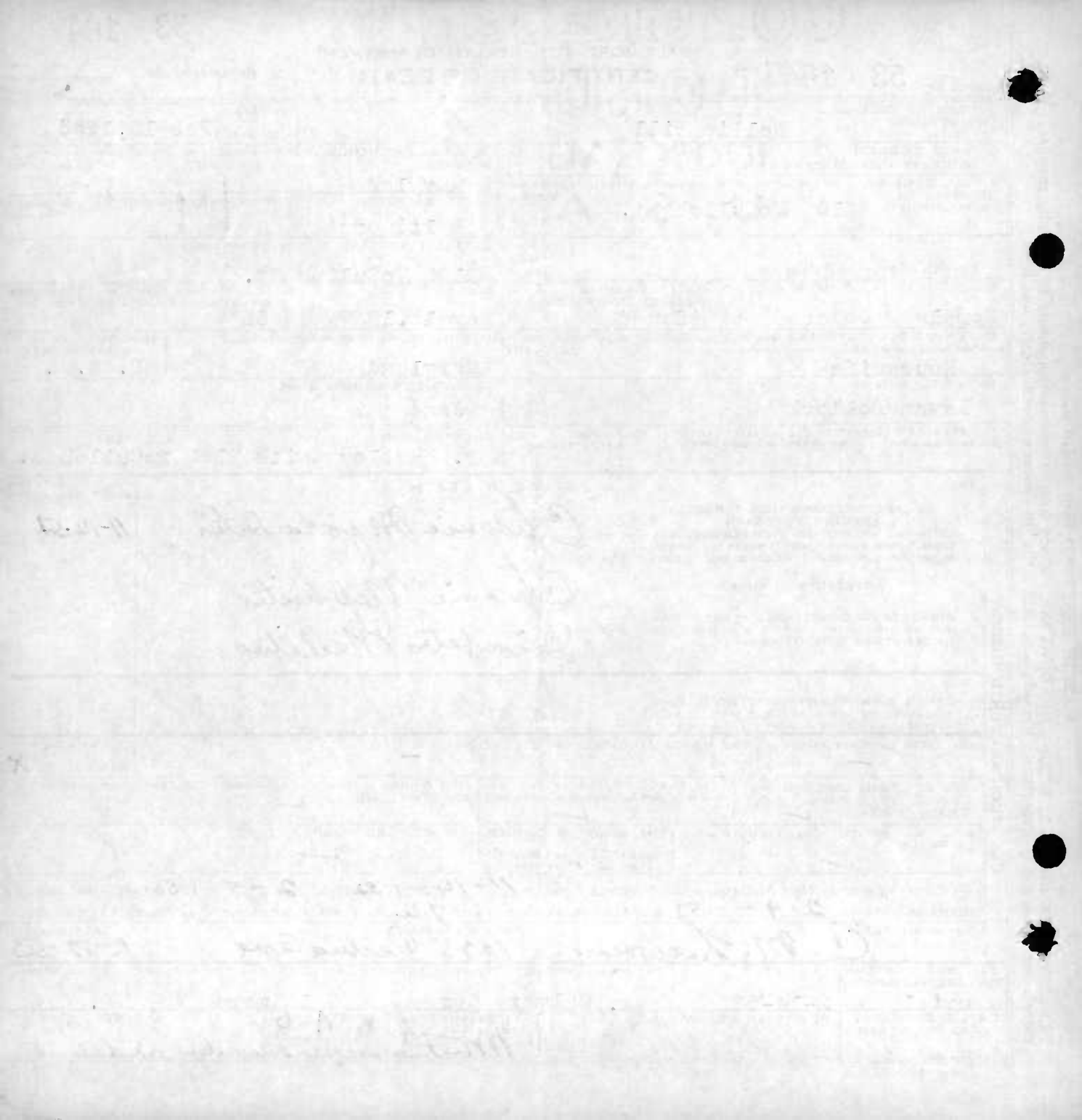
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 1648

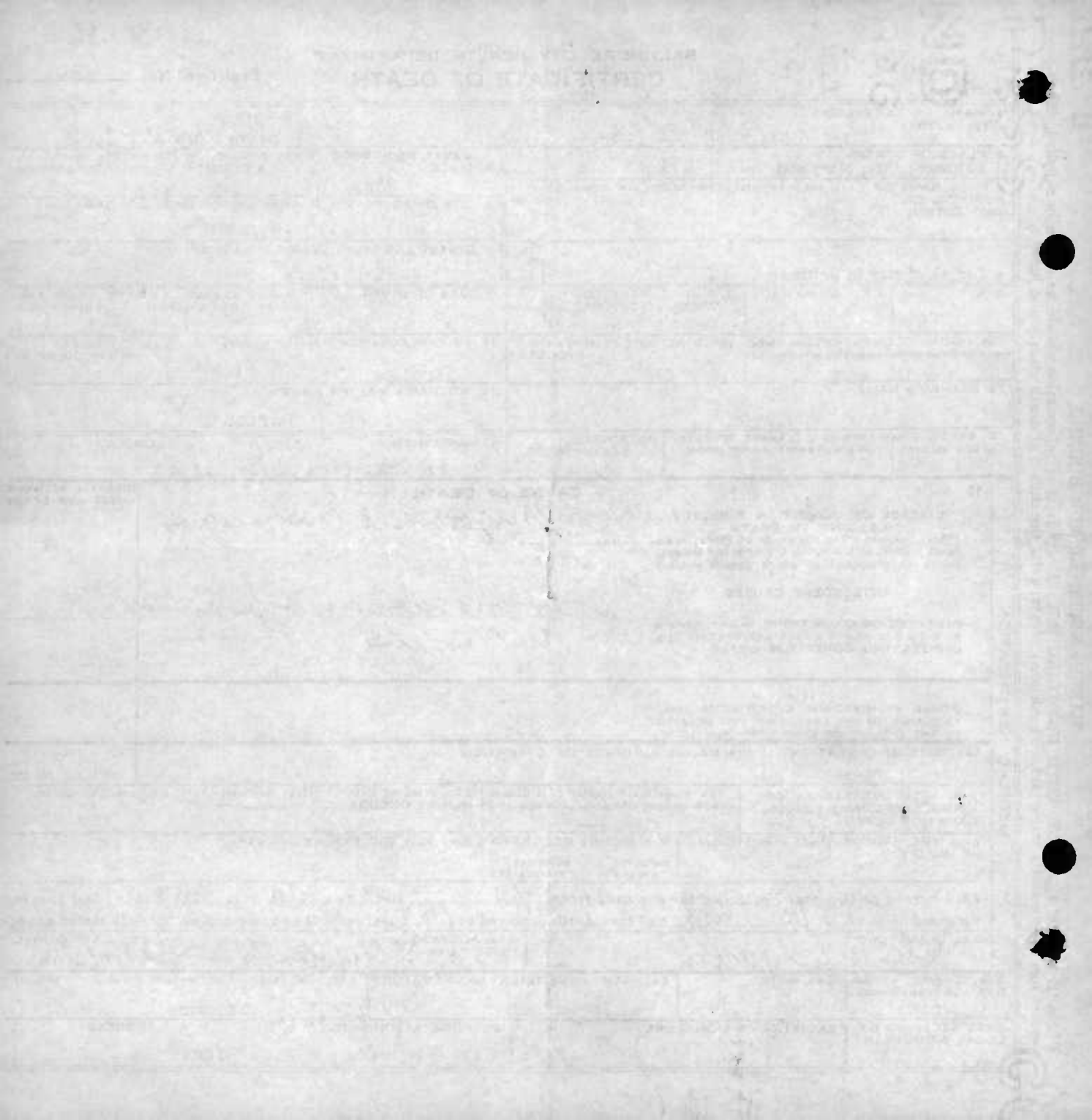
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Margaret Davey			2. DATE OF DEATH Feb 11, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland 2211 Harford Ave			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 60 Years			D. STREET ADDRESS (If rural, give location) 2211 Harford Ave		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH ?	9. AGE (in years last birthday) 82	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10B. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Ireland		12. CITIZEN OF WHAT COUNTRY? U S
13. FATHER'S NAME Cryan			14. MOTHER'S MAIDEN NAME Porter		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs Schuerick 2211 Harford Ave		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Insufficiency		CAUSE OF DEATH Myocardial Insufficiency	INTERVAL BETWEEN ONSET AND DEATH
DUE TO		(A)	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Arteriosclerosis, Hypertension	
DUE TO		(C) Myocarditis	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/1 , 1953, to 2/11 , 1953, that I last saw the deceased alive on 2/10 , 1953, and that death occurred at 1:10 A m., from the causes and on the date stated above.					
23A. SIGNATURE John G. Schuerick		23B. ADDRESS 1337 S. Charles St.		23C. DATE SIGNED 2/11/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb 14, 1953		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
24D. LOCATION (City, town, or county) (State) Baltimore		24E. FUNERAL DIRECTOR ADDRESS Rita Wiedefeld 900 E. Riddle St			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington		25. FUNERAL DIRECTOR ADDRESS	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1649
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Robert Walter</u>		2. DATE OF DEATH <u>February 11, 1953</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>md.</u> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>14-03</u>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <u>1802 Eutaw Place</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married widower</u>	8. DATE OF BIRTH <u>11-11-71</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bldg. Contractor</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	9. AGE (in years last birthday) <u>81</u>
13. FATHER'S NAME <u>Enoch A. Walter</u>		11. BIRTHPLACE (State or foreign country) <u>Va.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <u>Mary E. Tenable</u>	
17. INFORMANT <u>JOHNS HOPKINS HOSPITAL</u>		ADDRESS	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Stroke Adams syndrome -</u> DUE TO <u>Complete heart block</u> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <u>Arteriosclerotic Carditis -</u> DUE TO <u>Varicella disease</u> (C)		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u> <u>32 yrs.</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>Hypostatic pneumonia</u>		<u>1 wks.</u>	
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1-28</u> <u>1953</u> , to <u>2-11</u> , <u>1953</u> , that I last saw the deceased alive on <u>2-11</u> , <u>1953</u> , and that death occurred at <u>6:05 p.m.</u> , from the causes and on the date stated above.			
23A. SIGNATURE <u>Richard N. Cullen</u>		23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>	
23C. DATE SIGNED <u>2-11-53</u>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Feb. 14-1953</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn Cem.</u>		24D. LOCATION (City, town, or county) (State) <u>Balto. Md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>FEB 13 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>	
FUNERAL DIRECTOR <u>John L. Miller</u>		ADDRESS <u>2334 Jefferson St.</u>	

STATEMENT OF HEALTH DEPARTMENT
CERTIFICATE OF DEATH

[Faint, illegible handwritten text and printed form fields are visible across the page. The text appears to be a medical or legal record.]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 1650

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Howard EO'Brien2. DATE
OF
DEATH Feb-13-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2843 St. Paul St.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland Baltimore CityB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONat homeC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)Baltimore City 12-03

D. STREET ADDRESS (If rural, give location)

2843 St. Paul Street

c. Length of stay in Baltimore

LifeYrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Married

8. DATE OF BIRTH

11-6-18789. AGE (In years
last birthday)74If Under 1 Year
Months: Days- -If Under 24 Hours
Hours: Min.- -10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)None10B. KIND OF BUSINESS OR
INDUSTRYformer Banker

11. BIRTHPLACE (State or foreign country)

Baltimore12. CITIZEN OF
WHAT COUNTRY?U.S.

13. FATHER'S NAME

John W. O'Brien

14. MOTHER'S MAIDEN NAME

Emma Magnus15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)No16. SOCIAL
SECURITY NO.None

17. INFORMANT

Mrs. Bessie C. O'Brien, 2843 St. Paul St.

ADDRESS

18. 451X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Dissecting aneurysm,
a.b. aorta.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Arteriosclerosis, generalized
& aortic aneurysm

DUE TO

(C)

1 hr.
18 yr.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 9, 1953, to Feb 13, 1953, that I last saw the
deceased alive on Feb 13, 1953, and that death occurred at 5:30 Am., from the causes and on the date stated above.

23A. SIGNATURE

H. R. Freeman

M. D.

23B. ADDRESS

11 W. 29th St

23C. DATE SIGNED

Feb 13, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial

24B. DATE

Feb 16/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore City

(State)

DATE RECEIVED BY
LOCAL REGISTRARB131953

REGISTRAR'S SIGNATURE

H. R. Freeman

25. FUNERAL DIRECTOR

Stewart & Mowen Co.

ADDRESS

108 W. North Ave.

OFFICE OF THE SECRETARY

WASHINGTON, D. C.

RECEIVED

OFFICE OF THE SECRETARY

WASHINGTON, D. C.

DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY

WASHINGTON, D. C.

DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY

WASHINGTON, D. C.

DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1651

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Florence J. Sellers

2. DATE OF DEATH Feb. 12, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1400 St. Lexington St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Aged Women's and Aged Men's Homes

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1400 St. Lexington St.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Dec. 27, 1862

9. AGE (In years last birthday)

90

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Thompson

14. MOTHER'S MAIDEN NAME

Margaret Russell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT E. H. Read ADDRESS

1400 St. Lexington Street

18. 422.1 and E903.0

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Arteriosclerosis

(A)

DUE TO

Chronic Myocarditis

INTERVAL BETWEEN ONSET AND DEATH

2 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerotic Cardio-Vascular Disease

(C)

Senility

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Fracture of Femur

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Visiting Relative Annapolis Pa.

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Harrisburg Pa.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Dec 31, 1952p.m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Slipped on rug at home relative while visiting.

22. I hereby certify that I attended the deceased from Jan 1, 1952, to February 12, 1953, that I last saw the deceased alive on Feb 11, 1953, and that death occurred at 11:11 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Newland Edward Day

M. O.

23B. ADDRESS

4-E-33 St. 18

23C. DATE SIGNED

Feb. 13, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/16/53

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Parkville, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston

25. FUNERAL DIRECTOR

H.M. Cook, Inc., 1217 St. Paul St.

FEB 13 1953

VS 150

N 821.0

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. NAME OF DECEASED

2. CAUSE OF DEATH

3. PLACE OF DEATH

4. DATE OF DEATH

5. SEX AND AGE

6. OCCUPATION

7. PLACE OF BIRTH

8. MARITAL STATUS

9. PLACE OF DEATH

10. SIGNATURE

11. DATE

12. SIGNATURE

13. DATE

14. SIGNATURE

15. DATE

16. SIGNATURE

17. DATE

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 1652
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ELIZABETH KIRBY			2. DATE OF DEATH February 12, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 119 S. Wolfe St.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH About 1900	9. AGE (In years last birthday) 52	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Joseph H. Hansell			14. MOTHER'S MAIDEN NAME Amanda C. Carrier		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Edward F. Hansell, 561 Greene St. deGrace Havre		

18. 241X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic bronchial asthma XXXXX	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic Cardiovascular Disease XXXXX	(B)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Obesity (C)		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

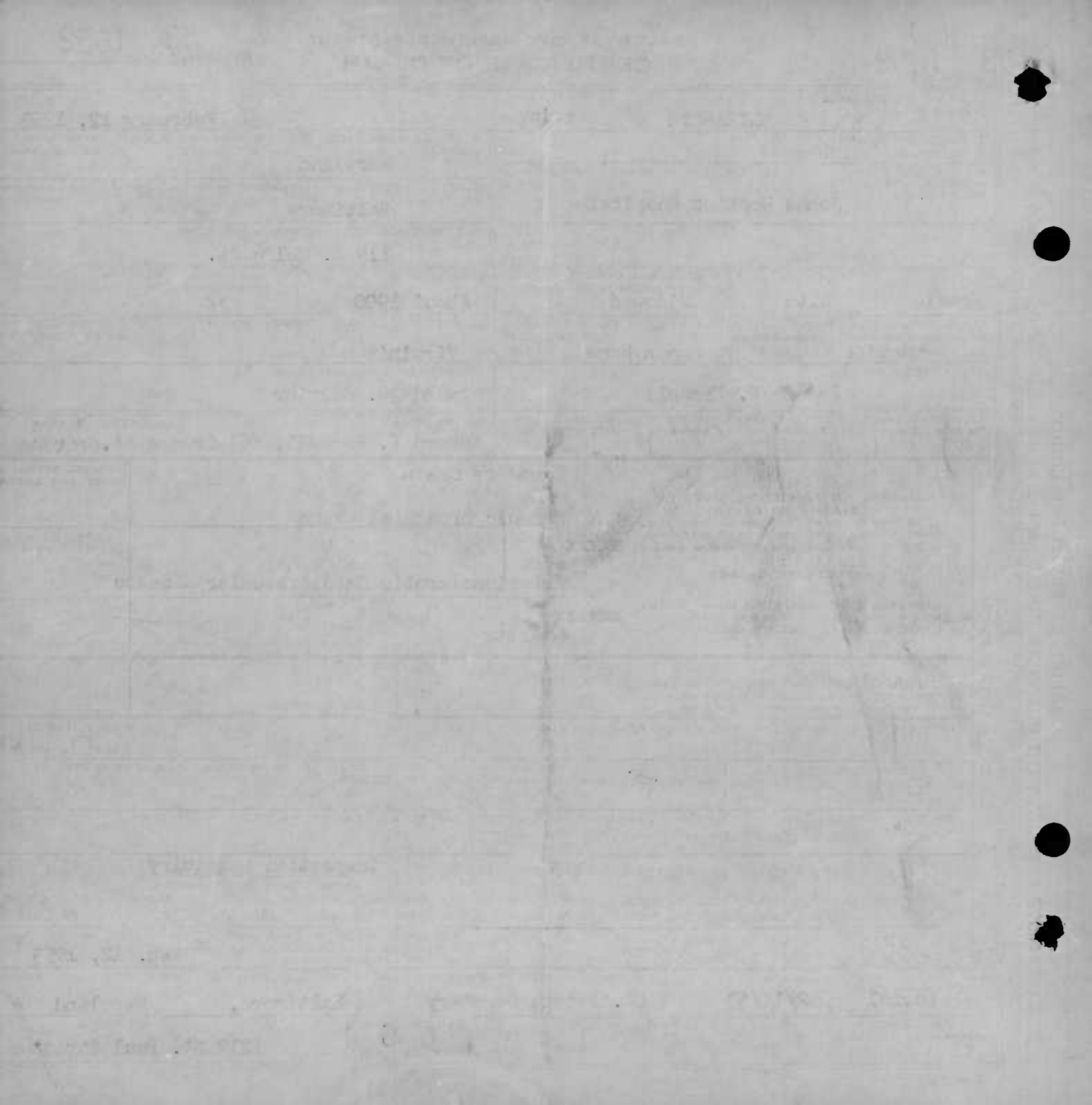
22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE *William J. ...* 23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ M.D. MEDICAL INVESTIGATOR ☐ 23C. DATE SIGNED **Feb. 12, 1953**

24A. BURIAL, CREMATION, REMOVAL (Specify) **burial** 24B. DATE **2/14/53** 24C. NAME OF CEMETERY OR CREMATORY **St. Peters Cemetery** 24D. LOCATION (City, town, or county) (State) **Baltimore, Maryland**

DATE RECEIVED BY LOCAL REGISTRAR **FEB 13 1953** REGISTRAR'S SIGNATURE *Huntington ...* 25. FUNERAL DIRECTOR ADDRESS **Wm. Cook, Inc. 1217 St. Paul Street**

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 1653

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HENRY

MILLER

2. DATE
OF
DEATH February 11, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

411 Forrest Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

411 Forrest Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH

About 1867

9. AGE (In years
last birthday)

85

If Under 1 Year
Months: Days: Hours: Min.12. CITIZEN OF
WHAT COUNTRY?10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Ret. Paper Hanger

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

13. FATHER'S NAME

William F. Miller

14. MOTHER'S MAIDEN NAME

Helma

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

George H. Miller, 842 Mt. Holly Street

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Arteriosclerotic Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (a.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
Feb. 12, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)
burial

24B. DATE

2/14/53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

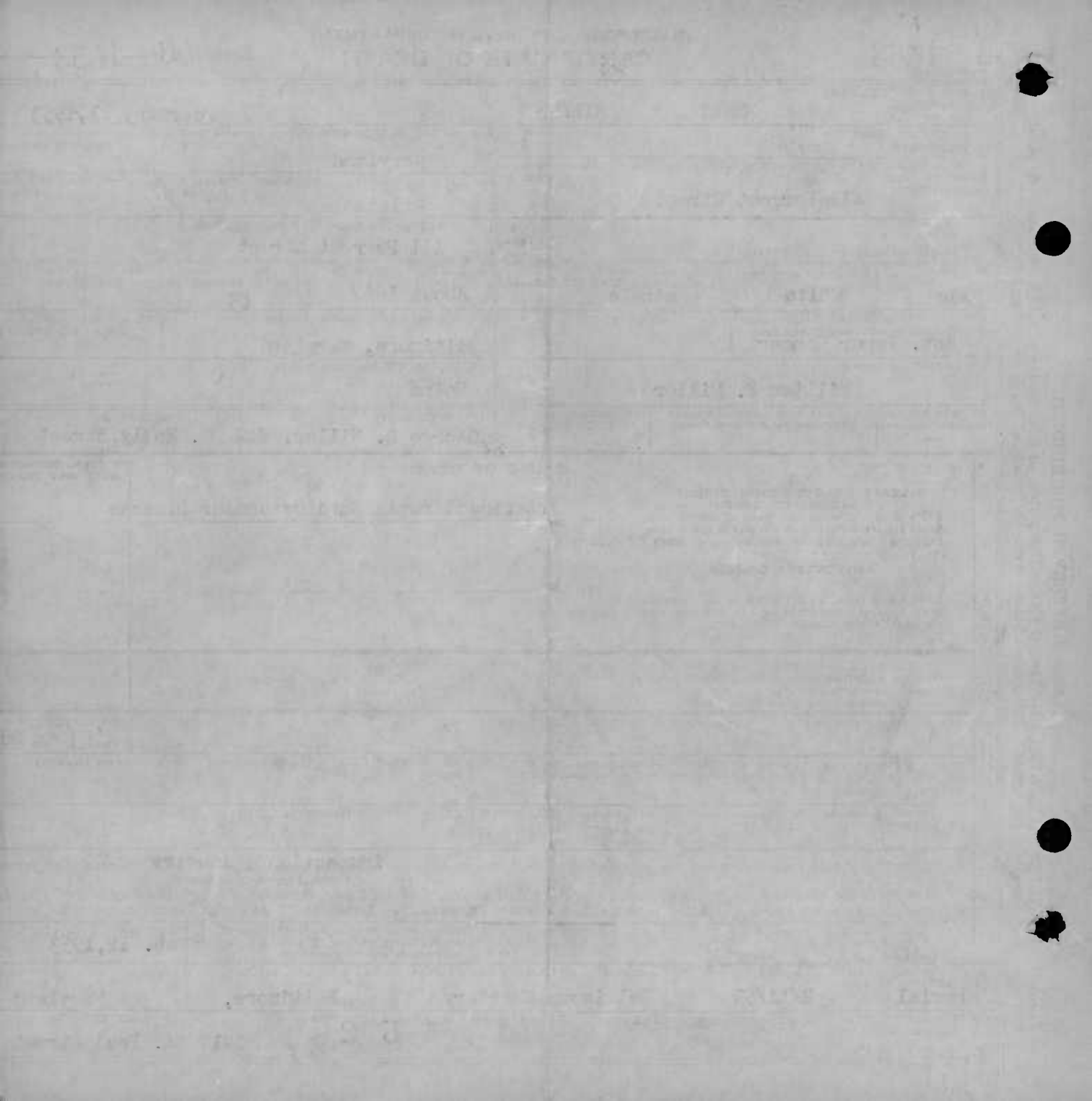
FEB 13 1953

VS 151

Wm. Cook, Inc., 1217 St. Paul Street

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 1654**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**LUCINDA ANN ECKER**2. DATE
OF
DEATH**2/12/53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE **md.** B. COUNTYB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)**Sinai Hosp.**C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)**Balto**

D. STREET ADDRESS (If rural, give location)

5004 CORDELIA AVE #15

c. Length of stay in Baltimore

10Yrs.
MOS

5. SEX

F

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**W**

8. DATE OF BIRTH

7-22-18809. AGE (In years
last birthday)**72**10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Housewife**10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD.12. CITIZEN OF
WHAT COUNTRY?**USA**

13. FATHER'S NAME

Walter Sellman

14. MOTHER'S MAIDEN NAME

Edith A. Franklin15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**no**16. SOCIAL
SECURITY NO.**none**

17. INFORMANT

Mrs. Carroll Holland,

ADDRESS

Same18. **332X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Thrombosis

DUE TO

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

arteriosclerosis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.**Heart Pneum. + congest failure**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2/7/53**, 19__, to **2/12/53**, 19__, that I last saw the
deceased alive on **2/12/53**, 1953, and that death occurred at **9⁰⁰ a. m.**, from the causes and on the date stated above.

23A. SIGNATURE

Malcolm L. Robbins

M. D.

23B. ADDRESS

Sinai Hosp

23C. DATE SIGNED

2/12/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)**BURIAL**

24B. DATE

2-15-1953

24C. NAME OF CEMETERY OR CREMATORY

Taylorsville

24D. LOCATION (City, town, or county)

Carroll Co., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

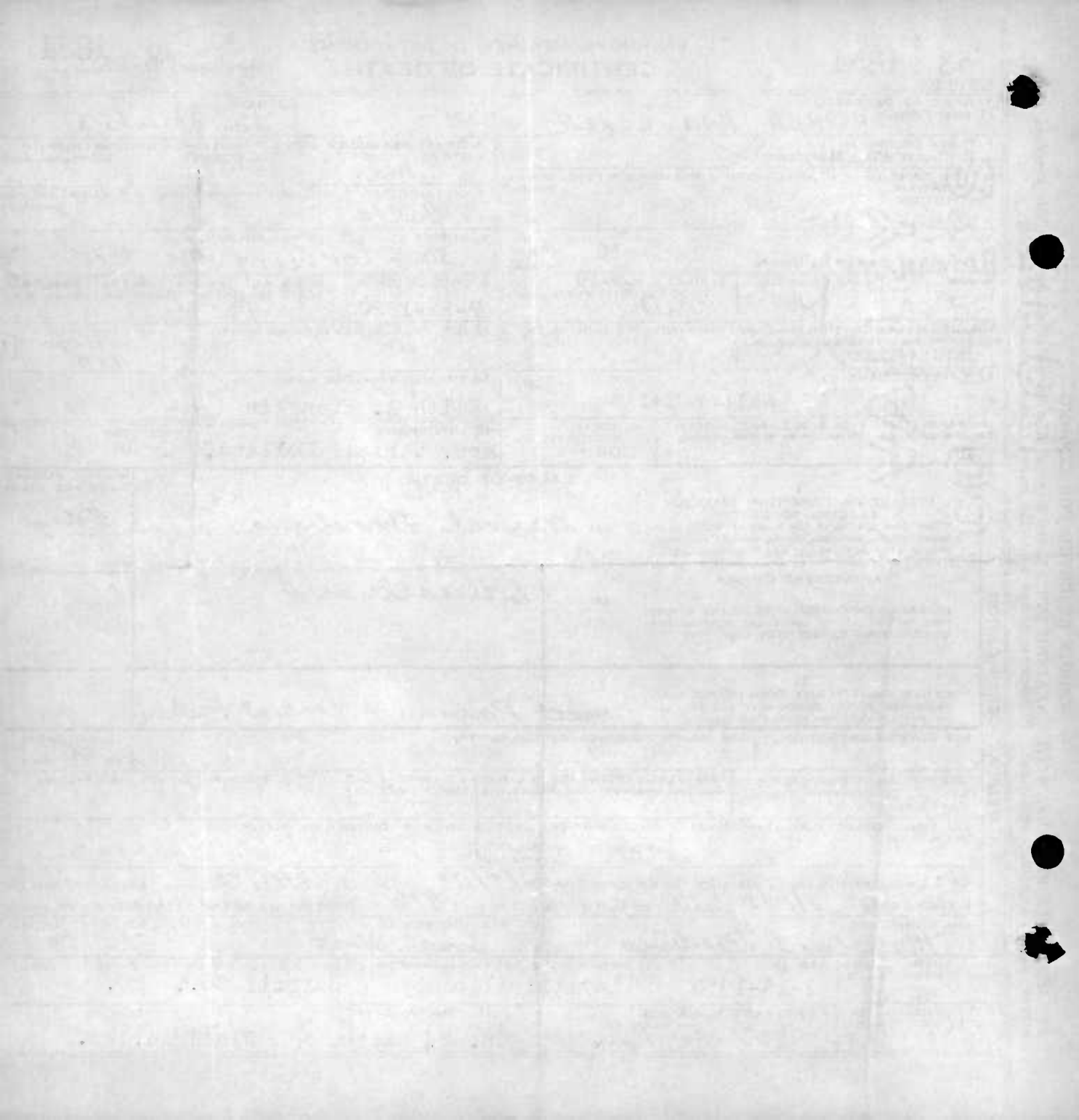
Huntington Williams

25. FUNERAL DIRECTOR

C. M. White, 3

ADDRESS

Winfield, Md.



J-525
53 1655BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHX
Registered No. 53 1655

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Starnietta ^{gaul} Johnson2. DATE
OF
DEATH

Feb 12 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Cockeysville

D. STREET ADDRESS (If rural, give location)

Cuba Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

12-24-1910

9. AGE (In years; last birthday)

42

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

maid

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Balto Co. Md.

12. CITIZEN OF

U.S.A.

13. FATHER'S NAME

James E. Johnson

14. MOTHER'S MAIDEN NAME

Annie R Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

1B. 446 X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Anemia

DUE TO

(B)

Atherosclerosis

DUE TO

Hypertensive Vascular Disease

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN
ONSET AND DEATH

2 hrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-7 1953 to 2-13 1953, that I last saw the deceased alive on 2-13 1953, and that death occurred at 12 P m., from the causes and on the date stated above.

23A. SIGNATURE

Hendrick W. Smith

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2-13-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-16-53

24C. NAME OF CEMETERY OR CREMATORY

Toughis Methodist

24D. LOCATION (City, town or county)

Cockeysville, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 13 1953

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

J. Scott Brooks, Sparks, Md

ADDRESS

STATE OF NEW YORK
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age	
4. Date of Death		5. Time of Death		6. Place of Death	
7. Cause of Death		8. Manner of Death		9. Signature of Physician	
10. Signature of Registrar		11. Signature of Coroner		12. Signature of Medical Examiner	
13. Signature of Burial Officer		14. Signature of Undertaker		15. Signature of Funeral Home	
16. Signature of Cemetery		17. Signature of Burial		18. Signature of Interment	
19. Signature of Burial		20. Signature of Interment		21. Signature of Burial	
22. Signature of Interment		23. Signature of Burial		24. Signature of Interment	
25. Signature of Burial		26. Signature of Interment		27. Signature of Burial	
28. Signature of Interment		29. Signature of Burial		30. Signature of Interment	
31. Signature of Burial		32. Signature of Interment		33. Signature of Burial	
34. Signature of Interment		35. Signature of Burial		36. Signature of Interment	
37. Signature of Burial		38. Signature of Interment		39. Signature of Burial	
40. Signature of Interment		41. Signature of Burial		42. Signature of Interment	
43. Signature of Burial		44. Signature of Interment		45. Signature of Burial	
46. Signature of Interment		47. Signature of Burial		48. Signature of Interment	
49. Signature of Burial		50. Signature of Interment		51. Signature of Burial	
52. Signature of Interment		53. Signature of Burial		54. Signature of Interment	
55. Signature of Burial		56. Signature of Interment		57. Signature of Burial	
58. Signature of Interment		59. Signature of Burial		60. Signature of Interment	
61. Signature of Burial		62. Signature of Interment		63. Signature of Burial	
64. Signature of Interment		65. Signature of Burial		66. Signature of Interment	
67. Signature of Burial		68. Signature of Interment		69. Signature of Burial	
70. Signature of Interment		71. Signature of Burial		72. Signature of Interment	
73. Signature of Burial		74. Signature of Interment		75. Signature of Burial	
76. Signature of Interment		77. Signature of Burial		78. Signature of Interment	
79. Signature of Burial		80. Signature of Interment		81. Signature of Burial	
82. Signature of Interment		83. Signature of Burial		84. Signature of Interment	
85. Signature of Burial		86. Signature of Interment		87. Signature of Burial	
88. Signature of Interment		89. Signature of Burial		90. Signature of Interment	
91. Signature of Burial		92. Signature of Interment		93. Signature of Burial	
94. Signature of Interment		95. Signature of Burial		96. Signature of Interment	
97. Signature of Burial		98. Signature of Interment		99. Signature of Burial	
100. Signature of Interment		101. Signature of Burial		102. Signature of Interment	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1856

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Roy Patterson Schropshire</u>			2. DATE OF DEATH <u>2-12-1953</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>7-04</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>1628 Abbott Street</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
c. Length of stay in Baltimore <u>27 yrs.</u>			D. STREET ADDRESS (If rural, give location) <u>1628 Abbott Street</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8-5-1899</u>	9. AGE (In years, last birthday) <u>53</u>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chauffeur</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Camp Holibird</u>		
11. BIRTHPLACE (State or foreign country) <u>Lyerly Georgia</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>Will Schropshire</u>			14. MOTHER'S MAIDEN NAME <u>Mattie Patterson</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>218-09-8369</u>		
17. INFORMANT <u>Elizabeth Patterson</u>			ADDRESS <u>1628 Abbott St.</u>		
18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <u>Coronary Cardiac Disease</u> DUE TO			INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <u>Mitch Impairment</u> DUE TO					
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>0</u>			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>10/15</u> , 19 <u>51</u> , to <u>2/19</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>2/10</u> , 19 <u>53</u> , and that death occurred at <u>10:30 AM</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Dr. J. Julian Jr.</u>			23B. ADDRESS <u>511 N. Schroeder St.</u>		23C. DATE SIGNED <u>2/13/53</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>2-16-1953</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary Cemetery</u>	
24D. LOCATION (City, town, or county) <u>Attn: Arundel Co. Md.</u>		24E. FUNERAL DIRECTOR <u>Thurston & Sons</u>		24F. ADDRESS <u>1412 E. Preston St.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>FEB 13 1953</u>		REGISTRAR'S SIGNATURE <u>Thurston & Sons</u>		25. FUNERAL DIRECTOR <u>Thurston & Sons</u>	
25. ADDRESS <u>1412 E. Preston St.</u>					

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 1657
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) William L. Bardroff			2. DATE OF DEATH 2/11/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 119 N. Kenwood Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 119 N. Kenwood Ave.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 15, 1870		9. AGE (In years last birthday) 82
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Organ builder			11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Louis Bardroff			14. MOTHER'S MAIDEN NAME ? ? ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ? ?		16. SOCIAL SECURITY NO. ?	17. INFORMANT ADDRESS Edward W. Bardroff 119 N. Kenwood Ave		

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic C.V. disease		INTERVAL BETWEEN ONSET AND DEATH 5 years
DUE TO ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Bronchial asthma		4 years
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 2/14/53		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/21/51 , 19__, to 2/11/53 , 19__, that I last saw the deceased alive on 2/10/53 , 19__, and that death occurred at 4 A. m., from the causes and on the date stated above.					
23A. SIGNATURE Ben: B. Moran, M.D.		23B. ADDRESS 448 N. Lucas Ave		23C. DATE SIGNED 2/12/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/14/53		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 13 1953		REGISTRAR'S SIGNATURE Huntington		25. FUNERAL DIRECTOR ADDRESS John A. Moran 3000 E. Baltimore St	

1. 18 June

MARGIN RESERVED FOR BINDING

PLEASE PRINT FULLY. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 1658**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Conrad Wengert			2. DATE OF DEATH 2/11/1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City, Md.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2570 W. Fayette St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. City		
C. Length of stay in Baltimore abt. 70 yrs.			D. STREET ADDRESS (If rural, give location) 1729 Jackson St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9/27/1863	9. AGE (in years last birthday) 89	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steam Fitter			10B. KIND OF BUSINESS OR INDUSTRY Construction		
11. BIRTHPLACE (State or foreign country) Germany			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME ?			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Frank H. Wengert			ADDRESS 1729 Jackson St.		

18. 470.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion (A) DUE TO			INTERVAL BETWEEN ONSET AND DEATH 2 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Generalized Arteriosclerosis			unknown
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-9-53 , 19__, to 2-11-53 , 19__, that I last saw the deceased alive on 2-9-53 , 19__, and that death occurred at 10^{PM} m., from the causes and on the date stated above.			
23A. SIGNATURE Nathan Racusin		23B. ADDRESS 206 S. Gilman St.	23C. DATE SIGNED 2-13-53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/14/1953	24C. NAME OF CEMETERY OR CREMATORY Western	24D. LOCATION (City, town, or county) (State) Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR FEB 13 1953	REGISTRAR'S SIGNATURE Thos. J. H. 3 9 0	25. FUNERAL DIRECTOR Flannery & 6 5 7 ADDRESS 1426 Light St.	

12-21-85

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION



Form 100-1 (Rev. 11-27-70)

TO : SAC, NEW YORK (100-100000)

FROM : SAC, NEW YORK (100-100000)

SUBJECT: [Illegible]

RE: [Illegible]

DATE: [Illegible]

BY: [Illegible]

CLASSIFICATION: [Illegible]

EXTENSION: [Illegible]

REMARKS: [Illegible]

ADMINISTRATIVE: [Illegible]

APPROVAL: [Illegible]

SPECIAL AGENT IN CHARGE

NEW YORK

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

B33 424
1659

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1659
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Reginald Blackwell</i>		2. DATE OF DEATH <i>Feb-10-1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
c. Length of stay in Baltimore <i>Sept</i>		D. STREET ADDRESS (If rural, give location) <i>1418 Hartford Ave</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Sept 4</i>	9. AGE (In years last birthday) <i>28</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Labrador</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>own kennel</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>	
13. FATHER'S NAME <i>Reginald Blackwell</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Ethel Greene</i>	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS			

18. <i>581.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>pulmonary edema</i>		CAUSE OF DEATH (A) <i>pulmonary edema</i>		INTERVAL BETWEEN ONSET AND DEATH <i>5 min</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>hypertensive cardiovascular disease</i>		(B) <i>hypertensive cardiovascular</i>			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>chronic alcoholism</i>		(C) <i>chronic alcoholism</i>		<i>unknown</i>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION <i>William Wood</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE INJURY OCCURRED (If in Baltimore City, give exact location) <i>CHIEF OF ASST. MEDICAL EXAMINER.</i>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Feb 10</i> , 19 <i>53</i> , to <i>Feb 10</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>DOA</i> , 19 <i>53</i> , and that death occurred at <i>10:30</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Richard J. Fisher</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>2/11/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24B. DATE <i>2/14/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Catholics</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>		25. FUNERAL DIRECTOR <i>W. J. Williams</i>			

Released to hospital 97099

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

NOT A MEDICAL EXAMINER'S CASE

____ M.D.
CHIEF OR ASST. MEDICAL EXAMINER

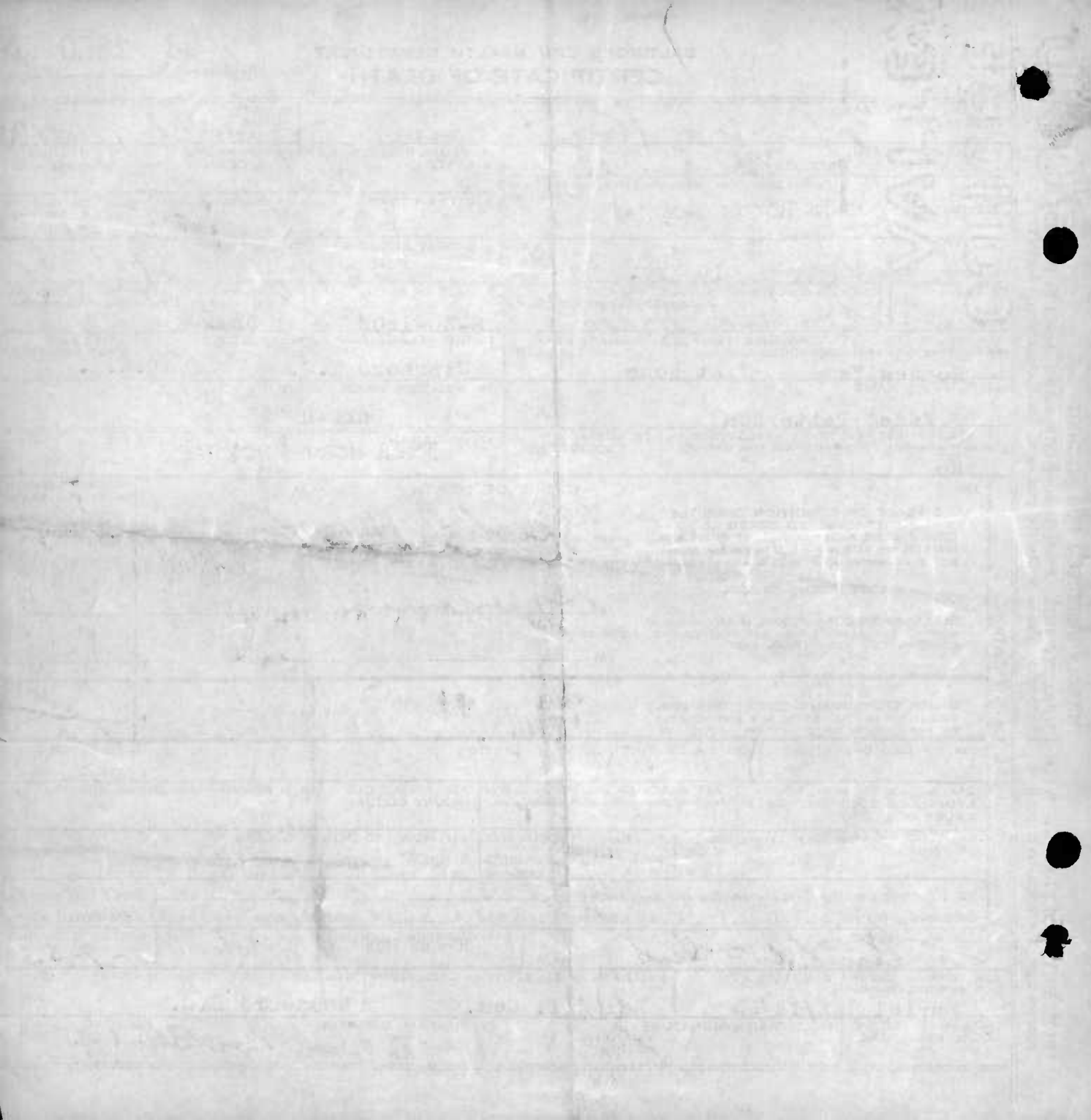
**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 1660
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Anna Roseborough</i>			2. DATE OF DEATH <i>Feb. 9, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Med. Cpl 4</i>			4. USUAL RESIDENCE (When deceased lived, if institution: residence before admission) A. STATE <i>md.</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write full name and give township) <i>Baltimore 31</i>		
c. Length of stay in Baltimore <i>16 Yrs.</i>			O. STREET ADDRESS (If rural, give location) <i>130 N. Chapel St</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>8-20-1900</i>		9. AGE (in years last birthday) <i>52</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>		11. BIRTHPLACE (State or foreign country) <i>Winsboro S.C.</i>	
13. FATHER'S NAME <i>Wade Patterson</i>			14. MOTHER'S MAIDEN NAME <i>Unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>	

18. <i>331X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Hemorrhage</i>			CAUSE OF DEATH (A) <i>Cerebral Hemorrhage</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Hypertension</i>			DUE TO (B) <i>Hypertension</i>					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION <i>2-8-53</i>			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <i>2-8-</i> , 19 <i>53</i> to <i>2-9-</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>2-9-</i> , 19 <i>53</i> and that death occurred at <i>2:50 PM.</i> , from the causes and on the date stated above.								
23A. SIGNATURE <i>Michael W. Deil</i>				23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>2-9-53</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>2/12/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Red Hill Cem.</i>		24D. LOCATION (City, town, or county) (State) <i>Woodward S.C.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 13 1953</i>		REGISTRAR'S SIGNATURE <i>Henry B. ...</i>		25. FUNERAL DIRECTOR <i>Chas. E. ...</i>		ADDRESS <i>1100 ...</i>		



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1861

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bertha Harrison

2. DATE
OF
DEATH

2-12-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

Balto.

before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

5047 Frederick Ave

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Aug. 8, 1888

9. AGE (in years last birthday)

64

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Herman Wiersdorf

14. MOTHER'S MAIDEN NAME

Louise Zella

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Hospital Record.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Myocardial Infarction

days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Arterio-sclerotic Cardio-Vascular Dis.
with Bronchitis, Chronic

?

?

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Gastric Ulcer.

19A. DATE OF OPERATION

2-12-53

19B. MAJOR FINDINGS OF OPERATION

Gastric Ulcer + Hepatomegaly

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-4-1953, to 2-12-1953, that I last saw the deceased alive on 2-12-1953, and that death occurred at 1:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Thomas J.

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

2-12-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

7/16/53

24C. NAME OF CEMETERY OR CREMATORY

1st United Methodist Balto Md

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

George L. Bepler Jr

ADDRESS

1512 Hollins St Balto 23, Md

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 1662

BIRTH NO.

53-03694

1. NAME OF DECEASED
(Type or Print)

Baby boy Deering

2. DATE
OF
DEATH

2/12/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE Md.

B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore - 7-05

c. Length of stay in Baltimore

Yrs.
Mes.
Days

o. STREET ADDRESS (If rural, give location)

578 Castle

5. SEX

M.

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

2/12/53

9. AGE (in years last birthday)

If Under 1 Year Months Days
If Under 24 Hours Hours Min.

14

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Loyamton P. Deering

14. MOTHER'S MAIDEN NAME

Mildred Foley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown; If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

754.4 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Congenital abnormality heart?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Cardiac resp. failure

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2/12, 1953, to 2/12, 1953, that I last saw the deceased alive on 2/12, 1953, and that death occurred at 9:05 pm., from the causes and on the date stated above.

23A. SIGNATURE

Mildred Foley

23B. ADDRESS

Mercy Hosp.

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 13 1953

Thurston

Pennington & Son

Havre de Grace

THE NATIONAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 1863		BALTIMORE CITY HEALTH DEPARTMENT		53 1863	
BIRTH NO.		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) EUGENE CURETON			2. DATE OF DEATH 2.11.53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 14-0		
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City		
c. Length of stay in Baltimore 14 Yrs. 1713 Mos. Madison Ave Days			D. STREET ADDRESS (If rural, give location)		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH 3.15.03	9. AGE (In years last birthday) 49	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Newbury, S. C.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Rufus Cureton			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Never			16. SOCIAL SECURITY NO. Unknown		
17. INFORMANT Wabel Cureton			ADDRESS 1654 Madison Ave		
18. 492x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH		
DUE TO primary atypical pneumonia			INTERVAL BETWEEN ONSET AND DEATH 4 days		
II ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 2-11-1953 , to 2-11-1953 , that I last saw the deceased alive on 2-11-1953 , and that death occurred at 12:45 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE James D. Cress			23B. ADDRESS 1427 Madison Ave		
23C. DATE SIGNED 2.13.53					
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 2.14.53		
24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn			24D. LOCATION (City, town, or county) (State) Balto. Md.		
DATE RECEIVED BY LOCAL REGISTRAR			REGISTRAR'S SIGNATURE Wm. J. Clatman		
25. FUNERAL DIRECTOR Wm. J. Clatman			ADDRESS 1701 M. & E. Balto.		
FEB 15 1953					
97099					

STATE OF NEW YORK
CERTIFICATE OF DEATH

NAME OF DECEASED		AGE		SEX		RACE		DATE OF DEATH		PLACE OF DEATH	
MANNER OF DEATH		CAUSE OF DEATH		DISEASE		SYMPTOMS		TREATMENT		REMARKS	
OCCUPATION		EDUCATION		RELIGION		MARRIAGE		SINGLE		WIDOW	
BIRTH		DEATH		BURIAL		INTERMENT		CEREMONY		REMARKS	
SIGNATURE OF DECEASED		SIGNATURE OF WITNESSES		SIGNATURE OF CLERK		SIGNATURE OF MINISTER		SIGNATURE OF JUDGE		SIGNATURE OF SHERIFF	
DATE		TIME		PLACE		CITY		COUNTY		STATE	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 1864BIRTH NO. 53-026331. NAME OF DECEASED
(Type or Print)Lisle E. Mc Carl2. DATE
OF
DEATHFeb. 13, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

6507 Lenhart St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1-30-1953

9. AGE (in years last birthday)

If Under 1 Year
Months: Days14If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Lisle Mc Carl

14. MOTHER'S MAIDEN NAME

Eleanor Wilkinson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 053.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Gram-negative Septicemia5 days.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-10, 1953, to 2-13, 1953, that I last saw the deceased alive on 2-13, 1953, and that death occurred at 4:40 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Amis

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2-13-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/14/53

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Hall

25. FUNERAL DIRECTOR

Howard Strong

ADDRESS

3107 W North Ave.

1931

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

1931

2000

State of New York

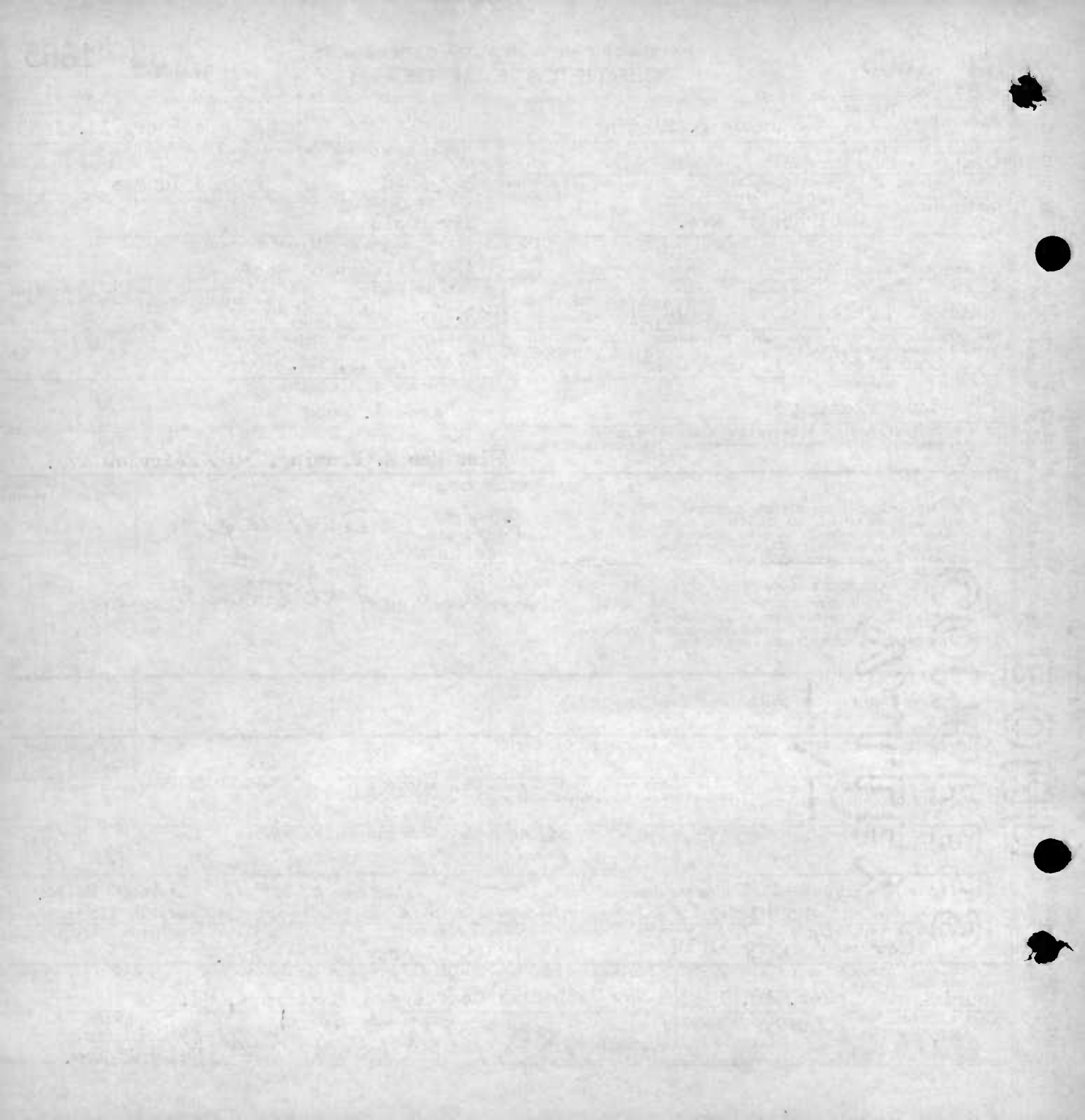
Attorney General

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1665

455
53 1665
BIRTH NO.

1. NAME OF DECEASED (Type or Print) James P. Fleming			2. DATE OF DEATH February 12, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Prince George		
B. FULL NAME OF HOSPITAL OR INSTITUTION Kenesaw Rest Home 2601 Roslyn Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Riverdale 66-00		
C. Length of stay in Baltimore 3			D. STREET ADDRESS (If rural, give location) 4801 Ravenswood Road		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 7, 1866	9. AGE (In years last birthday) 86 yrs	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Clerk		10B. KIND OF BUSINESS OR INDUSTRY B & O RR	11. BIRTHPLACE (State or foreign country) Bloomington, Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Luke Fleming			14. MOTHER'S MAIDEN NAME Sarah A. Wood		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. No	17. INFORMANT Miss Mae M. Fleming, 3405 Fairview Ave.		
18. 450.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Suppuration of Age DUE TO (A) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan , 1953, to Feb 12 , 1953, that I last saw the deceased alive on Feb 12 , 1953, and that death occurred at 2 A m. , from the causes and on the date stated above.					
23A. SIGNATURE Thos H Abbott		23B. ADDRESS M. D. 4509 Liberty Heights Ave.		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb. 16, 1953		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery, Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 14 1953		REGISTRAR'S SIGNATURE Huntington		FUNDERAL DIRECTOR W. L. Moore ADDRESS 4510 Liberty Heights Ave.	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 1666

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Carrie Jones*2. DATE
OF
DEATH*2-13-1953*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Baltimore Md.*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE *Maryland.*B. COUNTY *D-5-4*

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Franklin Square Hospital.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2804 Hollins Ferry Rd.

C. Length of stay in Baltimore

*Life*Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

*4/13/1911*9. AGE (In years
last birthday)*41*If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, or if retired)10B. KIND OF BUSINESS OR
INDUSTRY*Drug Machine Operator**Machine Factory*

11. BIRTH PLACE (State or foreign country)

*Baltimore Maryland.*12. CITIZEN OF
WHAT COUNTRY?*U.S.A*

13. FATHER'S NAME

Charles Zembach

14. MOTHER'S MAIDEN NAME

*Carrie Deacock Zembach*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.*218-03-1982*

17. INFORMANT

*Henry Jones
Husband*

ADDRESS

*2804 Hollins Ferry Rd.*18. *Heart*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

Heart failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

*Myocardial Infarction.**A. C. V. disease.**w/ hypertension*II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *2-6*, 1953, to *2-13*, 1953, that I last saw the
deceased alive on *2-13*, 1953, and that death occurred at *10.05* m., from the causes and on the date stated above.

23A. SIGNATURE

L. Schrygel

M. D.

23B. ADDRESS

Franklin Square Hospital

23C. DATE SIGNED

*2-13-53*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Feb. 16 1953

24C. NAME OF CEMETERY OR CREMATORY

Landon Park Cem.

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

FUNERAL DIRECTOR

Wells Laundry

ADDRESS

4510 Leary Hgts Ave

Alute

1920-21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1667

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>William G. Byrd, Jr.</i>			2. DATE OF DEATH <i>2/13/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Provident Hospital</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Provident Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore Md. 14-022</i>		
c. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>2112 Brunt St</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>Col</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>3-17-1895</i>		9. AGE (In years, last birthday) <i>58</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>Bartender</i>	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>William G. Byrd</i>			14. MOTHER'S MAIDEN NAME <i>Susie Fortune</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <i>213-32-6608</i>	17. INFORMANT ADDRESS <i>Cordelia Byrd 2112 Brunt St</i>		
18. <i>161X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma larynx</i> DUE TO			INTERVAL BETWEEN ONSET AND DEATH <i>1950-53</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>II</i> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			(B) DUE TO (C)		
19A. DATE OF OPERATION <i>1951</i>		19B. MAJOR FINDINGS OF OPERATION <i>Carcinoma larynx = Metastasis</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan 1951</i> , 19 <i>51</i> , to <i>Feb 13</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>Feb 13</i> , 19 <i>53</i> , and that death occurred at <i>8A</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Benjamin</i>		23B. ADDRESS <i>1202 N Caroline St</i>		23C. DATE SIGNED <i>2/13/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>Feb 16-1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt Calvary</i>	
24D. LOCATION (City, town, or county) <i>Balto Md</i>		24E. FUNERAL DIRECTOR <i>Brooke Ringgold</i>		24F. ADDRESS <i>1463 N. Carey St</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 14 1953</i>		REGISTRAR'S SIGNATURE <i>H. H. H. H. H.</i>		ADDRESS	

WATER

STATE OF NEW YORK



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1668

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNIE VALENTINE

2. DATE
OF
DEATH

Feb 13 - 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

60

Bar-Will - Bay

46 Yrs.
Mos.
Days

C. CITY OR TOWN. (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

517 Gold St 14-03

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Feb 10 - 1880

9. AGE (In years
last birthday)

73

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Luthersville Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Frances Ridgley

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Frances Allen 517 Gold St

18. 44rx I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(A) DUE TO

(B) DUE TO

(C) DUE TO

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORKNOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to 2-13, 1953, that I last saw the
deceased alive on _____, 1953, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

M. B. Butler

M. D.

23B. ADDRESS

2033 5th Ave

23C. DATE SIGNED

2-14-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Feb 16 - 53

24C. NAME OF CEMETERY OR CREMATORY

Arbutus M. Park

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

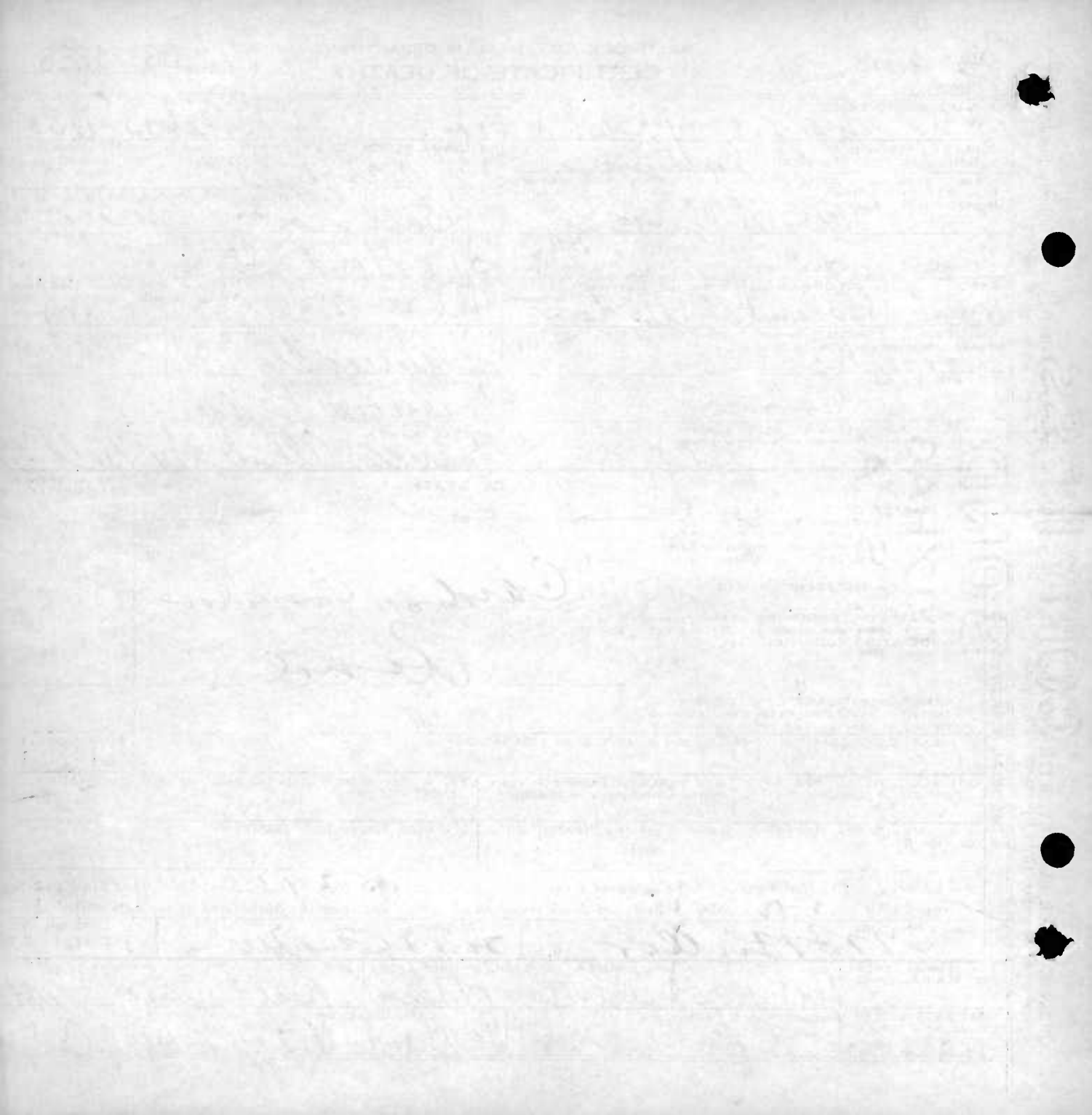
Brooks Luggold 14637 Carey St

ADDRESS

FEB 14 1953

VS 150

7208A



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1869

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Hilton Reynolds*2. DATE
OF
DEATH*Feb. 13-1953*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

W. Virginia

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Fayetteville

D. STREET ADDRESS (If rural, give location)

Route 1

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

4-26-09

9. AGE (In years last birthday)

43

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Coal - miner

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

W. Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Malcolm Reynolds

14. MOTHER'S MAIDEN NAME

Annie Spradling

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Hypostatic pneumonia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Metastatic cancer of the penis

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORKNOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *9-5-53*, to *2-13-53*, that I last saw the deceased alive on *2-13-53*, and that death occurred at *12:00 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

John Royal

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2-13-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

2/14/53

24C. NAME OF CEMETERY OR CREMATORY

High Lawn

24D. LOCATION (City, town, or county)

Oak Hill W. Va.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

1217 St Paul St.

ADDRESS

STATE OF NEW YORK
CERTIFICATE OF DEATH

WILLIAM J. HAYES

WILLIAM J. HAYES
BORN 1914
DIED 1974
CAUSE OF DEATH
HEART DISEASE

WILLIAM J. HAYES

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1670

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)P.
RALPH YOUNG2. DATE
OF DEATH February 12, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Union Memorial Hospital

D. STREET ADDRESS (If rural, give location)

1520 Gleneagle Rd.

C. Length of stay in Baltimore

30 years

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 25, 1898

9. AGE (In years
last birthday)

54

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Machinist

10B. KIND OF BUSINESS OR
INDUSTRY

Navy Yard

11. BIRTHPLACE (State or foreign country)

Ohio

12. CITIZEN OF
WHAT COUNTRY?

U S A

13. FATHER'S NAME

Robert Young

14. MOTHER'S MAIDEN NAME

Ella Walker

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

Yes

(If yes, give war or dates of service)

1st World

16. SOCIAL
SECURITY NO.

212-01-2919

17. INFORMANT

John R. Young

ADDRESS

1520 Gleneagle Road

18. E 812.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Skull Fracture

~~XXXXX~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Contusion of Brain

~~XXXXX~~

(C) Compound fracture of left tibia and fibula

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

300 block E. 25th Street

12/3

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Feb. 12, 1953 6 a.m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by auto

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William J. Burgee

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
Feb. 12, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 16, 1953

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park

24D. LOCATION (City, town, or county)

Baltimore Co., Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Emerson

25. FUNERAL DIRECTOR

Burgee Funeral Home

3631 Falls Road

VS 151

N-804.2

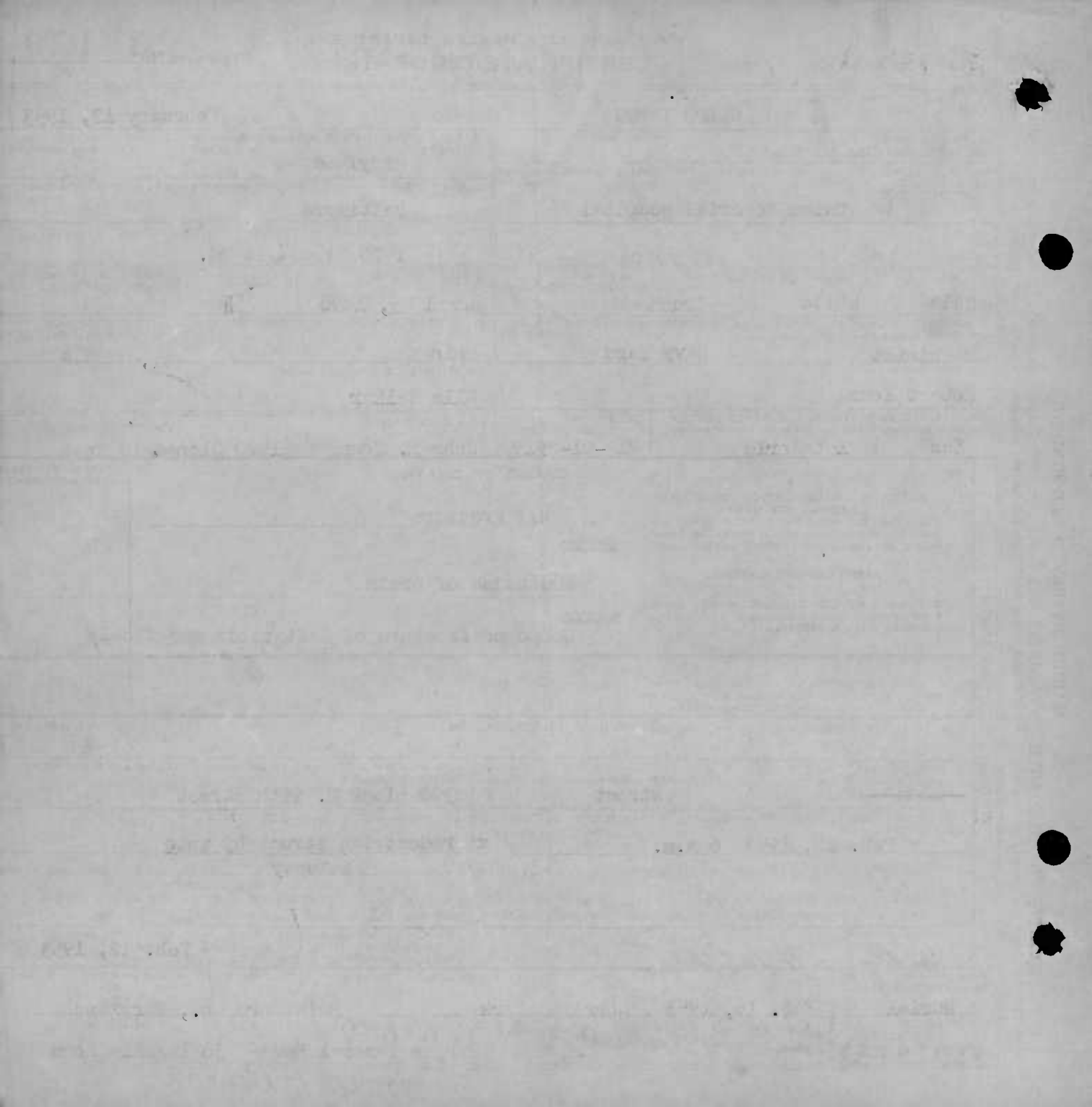
54491

Norace F. Burgee

✓

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied.
correct age is especially important. Physicians: please write the causes of death clearly and legibly.



CERTIFICATE OF DEATH

1. Name of deceased
2. Sex
3. Age
4. Date of death
5. Place of death
6. Cause of death
7. Signature of physician
8. Signature of registrar
9. Date of registration

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1672

BIRTH NO. 166571

1. NAME OF DECEASED
(Type or Print)

Elizabeth Mary Curry

2. DATE
OF
DEATH

Feb. 13, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Baltimore City Hospitals

4940 Eastern Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

555 Oxford Street

c. Length of stay in Baltimore

28 years

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 19, 1919

9. AGE (In years
last birthday)

33

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House Wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Ulysses Herbert

14. MOTHER'S MAIDEN NAME

Lucille Morton

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. 4940 Eastern Ave. (record)

18.

570.5

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Shock by intestinal obstruction and
distention

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Anuria

DUE TO

(C) Post operative shock

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION
2-12-195319B. MAJOR FINDINGS OF OPERATION
Total colectomy20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 - 8 - 1953, to 2 - 13 - 1953 that I last saw the
deceased alive on 2 - 13 - 1953, and that death occurred at 5:25 Am., from the causes and on the date stated above.

23A. SIGNATURE

H. C. Johnson

M. O.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-14-53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Balto.

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Wm. G. Jackson

ADDRESS

916 Penna. Ave.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1911

<p>NAME OF DECEASED [Faint text]</p>		<p>AGE [Faint text]</p>	
<p>SEX [Faint text]</p>		<p>RACE [Faint text]</p>	
<p>DATE OF BIRTH [Faint text]</p>		<p>DATE OF DEATH [Faint text]</p>	
<p>PLACE OF BIRTH [Faint text]</p>		<p>PLACE OF DEATH [Faint text]</p>	
<p>CAUSE OF DEATH [Faint text]</p>		<p>IMMEDIATE CAUSE [Faint text]</p>	
<p>DATE OF EXAMINATION [Faint text]</p>		<p>DATE OF REPORT [Faint text]</p>	
<p>SIGNATURE OF PHYSICIAN [Faint text]</p>		<p>SIGNATURE OF REGISTRAR [Faint text]</p>	
<p>DATE OF SIGNATURE [Faint text]</p>		<p>DATE OF SIGNATURE [Faint text]</p>	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1873

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ISSAC

A.

STURGIS

2. DATE
OF
DEATH

February 12, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Mercy Hospital

(DOA)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Towson

D. STREET ADDRESS (If rural, give location)

7 Burke Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 8, 1892

9. AGE (In years
last birthday)

60

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Industrial Analyst

10B. KIND OF BUSINESS OR
INDUSTRY

N.P.A., U.S. Govt.

11. BIRTHPLACE (State or foreign country)

Tennessee

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Issac A. Sturgis, Sr.

14. MOTHER'S MAIDEN NAME

Morefield

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. I.A. Sturgis, Towson, Md.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORKNOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/21 1951, to 2/12 1953, that I last saw the
deceased alive on 2/12 1953, and that death occurred at 1 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Laurence C. Posh

23B. ADDRESS

6805 York Rd

23C. DATE SIGNED

2/13/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

Feb. 14, 1953

24C. NAME OF CEMETERY OR CREMATORY

Baynes' Funeral Home

24D. LOCATION (City, town, or county)

Metropolis, Illinois

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

ADDRESS

John Burns' Sons, Towson, Maryland

VS 150

081 91

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied.
correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1971 23

CERTIFICATE OF DEATH

3-153

Blank certificate form with faint text and lines. The form includes fields for name, date of birth, date of death, and cause of death. There are also sections for the certifier's signature and the registrar's signature. The form is oriented horizontally and has a header section at the top.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 1674**

BIRTH NO. **53 1674**

1. NAME OF DECEASED (Type or Print) NICK THEODORE MOREKAS		2. DATE OF DEATH FEB. 13, 1953	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MARYLAND B. COUNTY 27-17	
b. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSP		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
c. Length of stay in Baltimore 6 mos		d. STREET ADDRESS (If rural, give location) 5050 PALMER AVENUE	
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH AUG 22, 1952
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME MR GUS MARKUS		14. MOTHER'S MAIDEN NAME DINA JIANNIO POULOU	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. -	
17. INFORMANT Father Same		ADDRESS	

MEDICAL CERTIFICATION

18. 491X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) BRONCHO PNEUMONIA		INTERVAL BETWEEN ONSET AND DEATH 2 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)		

19a. DATE OF OPERATION 2-13	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2-12** 19**53**, to **2-13** 19**53**, that I last saw the deceased alive on **2-13** 19**53**, and that death occurred at **2:52 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Robert L. Phillips	23b. ADDRESS Union Memorial Hosp	23c. DATE SIGNED 2-13-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/14/53	24c. NAME OF CEMETERY OR CREMATORY Windsor Hill Rd
24d. LOCATION (City, town or county) (State)		

DATE RECEIVED BY REGISTRAR FEB 14 1953	REGISTRAR'S SIGNATURE Huntington	25. FUNERAL DIRECTOR Funeraria Inc. 440 North Ave
---	---	--

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

100-100000

CERTIFICATE OF DEATH

THIS IS TO CERTIFY THAT

the following person

has died

at the residence of

the deceased

on the

day of

at

the

cause of death

was

as

certified by

the

physician

and

the

coroner

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 1675
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <u>William A. Owens</u>			2. DATE OF DEATH <u>2/12/53</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Provident Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write LOCAL and give township) <u>Baltimore</u>		
c. Length of stay in Baltimore <u>50</u> Yrs. <u>Mon.</u> Days _____			D. STREET ADDRESS (If rural, give location) <u>1226 McCulloch St.</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 21, 1886</u>	9. AGE (In years last birthday) <u>67</u>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10B. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Pa.</u>		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME <u>William A. Owen, Sr.</u>			14. MOTHER'S MAIDEN NAME <u>Betty Owens</u> ✓		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT <u>Hospital Records</u> ADDRESS _____		

MEDICAL CERTIFICATION

<p>18. <u>442X and E903.0</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p align="center">ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p align="center">II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p align="center">CAUSE OF DEATH</p> <p>(A) <u>Pneumonia</u> DUE TO</p> <p>(B) <u>Chronic Cardio-Vascular Disease</u> DUE TO</p> <p>(C) <u>Fracture of Right Femur</u> DUE TO</p>	<p>INTERVAL BETWEEN ONSET AND DEATH <u>19 days</u></p>
--	--	--

CERTIFICATION APPROVED BY

William A. Owens

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>accident contributing</u>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>1226 McCulloch St.</u>			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>1/20/53</u>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>fell to floor</u>		
22. I hereby certify that I attended the deceased from <u>1/24</u> , 19 <u>53</u> , to <u>2/12</u> , 19 <u>53</u> that I last saw the deceased alive on <u>2/12</u> , 19 <u>53</u> , and that death occurred at <u>11:35 p.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>William A. Owens</u>		23B. ADDRESS <u>1514 Division St.</u>		23C. DATE SIGNED <u>2/12/53</u>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>Feb. 14, 1953</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Arboretum Cemetery</u>	24D. LOCATION (City, town, or county) (State) <u>Baltimore, Md.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>FEB 14 1953</u>	REGISTRAR'S SIGNATURE <u>Charles H. Henderson</u>	25. FUNERAL DIRECTOR <u>Charles H. Henderson</u> ADDRESS <u>611 George St. Balt., Md.</u>	

VS 150

N821.0

97099

PLEASE PRINT FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE PRINT FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1876

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM J. SHANE, JR.

2. DATE
OF
DEATH

2/13/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE PENNSYLVANIA B. COUNTY PHILADELPHIA COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

VA HOSPITAL
BALTIMORE 18, MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

PHILADELPHIA

D. STREET ADDRESS (If rural, give location)

1824 N. 6th Street

C. Length of stay in Baltimore SINCE 12/29/53

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

2/25/97

9. AGE (In years last birthday)

55

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

GLAZER

10B. KIND OF BUSINESS OR INDUSTRY

GLAZING

11. BIRTHPLACE (State or foreign country)

PHILADELPHIA, PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

WILLIAM J. SHANE, SR.

14. MOTHER'S MAIDEN NAME

MARY GETNER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

YES

6/20/18 to 7/30/21

16. SOCIAL SECURITY NO.

UNKNOWN

17. INFORMANT

ADDRESS

VA HOSPITAL RECORDS VAH, BALTO., 18, MD.

18.

002X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) TUBERCULOSIS, PULMONARY, CHRONIC, FAR ADVANCED, ACTIVE

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

INTERVAL BETWEEN ONSET AND DEATH

APPROX. 2 YEARS

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., home or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

VA m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/29/52, 19__, to 2/13, 1953, and that death occurred at 3:05 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

VAH, BALTIMORE, 18, MD.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

REMOVAL

2/14/53

Beverly National

Beverly, N. J.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

Shipped to: John R. Grouse, Funeral R.
1830-32 E. Somerset St. Phila. Pa.

6906P

Medford J. Blight 6009 Kaysford
Balds. Md. Ref.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1677

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Margaret J. Heil</u>		2. DATE OF DEATH <u>Feb. 12-53</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>2711 Ridgemoor Rd.</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MD.</u> B. COUNTY <u>27-01</u>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <u>60</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <u>2711 Ridgemoor Rd.</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 29-1889</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	9. AGE (in years, last birthday) <u>65</u> If Under 1 Year: Months: Day: Hours: Min.
11. BIRTHPLACE (State or foreign country) <u>Balto Md.</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Henry Breen</u>		14. MOTHER'S MAIDEN NAME <u>Catherine Mengers</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Mary Brady Tito-5009 E. Jones Terrace</u>		ADDRESS	
18. <u>420.1</u> CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			
(A) <u>Coronary Thrombosis</u> 1 day			
DUE TO			
ANTECEDENT CAUSES			
(B) <u>Arteriosclerosis</u> years			
DUE TO			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		<u>TO BE APPROVED BY MEDICAL EXAM- INER.</u>	
22. I hereby certify that I attended the deceased from <u>Feb 12, 1953</u> to <u>Feb 12, 1953</u> , that I last saw the deceased alive on <u>9 Am.</u> , and that death occurred at <u>9 Am.</u> , from the causes and on the date stated above.			
23A. SIGNATURE <u>Charles V. Seisick</u>		23B. ADDRESS <u>4200 Parkwood Ave</u>	
23C. DATE SIGNED <u>2/13/53</u>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24B. DATE <u>2-16-53</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>Balto. City North Ave - Balto Md.</u>		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR <u>FEB 14 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington</u>	
25. FUNERAL DIRECTOR <u>John B. Miller Inc. - 2435 E. Oliver St</u>		ADDRESS	

NOT A MEDICAL EXAMINER'S CASE

William V. Smith M.D.
CHIEF OR ASST. MEDICAL EXAMINER

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1678

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write U.R. and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH.
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from 2/11, 1953, to 2/13, 1953, that I last saw the
deceased alive on 2/11, 1953, and that death occurred at 12 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of coroner	
13. Signature of undertaker		14. Signature of funeral home		15. Signature of cemetery		16. Signature of church	
17. Signature of school		18. Signature of hospital		19. Signature of nursing home		20. Signature of other institution	
21. Signature of other institution		22. Signature of other institution		23. Signature of other institution		24. Signature of other institution	
25. Signature of other institution		26. Signature of other institution		27. Signature of other institution		28. Signature of other institution	
29. Signature of other institution		30. Signature of other institution		31. Signature of other institution		32. Signature of other institution	
33. Signature of other institution		34. Signature of other institution		35. Signature of other institution		36. Signature of other institution	
37. Signature of other institution		38. Signature of other institution		39. Signature of other institution		40. Signature of other institution	
41. Signature of other institution		42. Signature of other institution		43. Signature of other institution		44. Signature of other institution	
45. Signature of other institution		46. Signature of other institution		47. Signature of other institution		48. Signature of other institution	
49. Signature of other institution		50. Signature of other institution		51. Signature of other institution		52. Signature of other institution	
53. Signature of other institution		54. Signature of other institution		55. Signature of other institution		56. Signature of other institution	
57. Signature of other institution		58. Signature of other institution		59. Signature of other institution		60. Signature of other institution	
61. Signature of other institution		62. Signature of other institution		63. Signature of other institution		64. Signature of other institution	
65. Signature of other institution		66. Signature of other institution		67. Signature of other institution		68. Signature of other institution	
69. Signature of other institution		70. Signature of other institution		71. Signature of other institution		72. Signature of other institution	
73. Signature of other institution		74. Signature of other institution		75. Signature of other institution		76. Signature of other institution	
77. Signature of other institution		78. Signature of other institution		79. Signature of other institution		80. Signature of other institution	
81. Signature of other institution		82. Signature of other institution		83. Signature of other institution		84. Signature of other institution	
85. Signature of other institution		86. Signature of other institution		87. Signature of other institution		88. Signature of other institution	
89. Signature of other institution		90. Signature of other institution		91. Signature of other institution		92. Signature of other institution	
93. Signature of other institution		94. Signature of other institution		95. Signature of other institution		96. Signature of other institution	
97. Signature of other institution		98. Signature of other institution		99. Signature of other institution		100. Signature of other institution	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 1679

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>MINOR ROSA OLINGS</u>			2. DATE OF DEATH <u>2/11/53</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>1314 Myrtle Ave</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MD.</u> B. COUNTY <u>17-03</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>1314 Myrtle Ave.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto.</u>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>1314 Myrtle Ave</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col.</u>	7. SINGLE, MARRIED, <u>Widowed</u> (Specify)	8. DATE OF BIRTH <u>April 17, 1885</u>	9. AGE (In years last birthday) <u>67</u>	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Charlesberry Va.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Henry Johnson</u>			14. MOTHER'S MAIDEN NAME <u>Rose</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) <u>No</u> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>Nathaniel Minor</u>			ADDRESS <u>1314 Myrtle Ave.</u>		

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) DUE TO Cardiac Decompensation3 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO Staphylococcal Nephritis & Nephrotic Hypertension.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from Jan, 1951, to 2/12, 1953, that I last saw the deceased alive on 2/11/53, and that death occurred at 12 am, from the causes and on the date stated above.23A. SIGNATURE Dr. Julian H

M. D.

23B. ADDRESS 511 N. Schuler St.23C. DATE SIGNED 2/12/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE 2/16/5324C. NAME OF CEMETERY OR CREMATORY Beaver Dam Cem. Beaver Dam Va.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE Huntington25. FUNERAL DIRECTOR Wm. Walter R. WilliamsADDRESS 822

53 1680

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 1680

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARGARET A. SINDALL

2. DATE
OF
DEATH

Feb. 13, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

2909 Hamilton Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2909 Hamilton Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Sept 15, 1877

9. AGE (in years
last birthday)

75

If Under 1 Year
Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Beckman

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs.

ADDRESS

Higdon, 2909 Hamilton

18. 420.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

Several years

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Pericarditis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ~~Sept 15~~ 30, 1949 to Feb 12, 1953, that I last saw the
deceased alive on Feb 12, 1953, and that death occurred at 5 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Thomas J. Brennan

M. D.

23B. ADDRESS

5217 Harford Road

23C. DATE SIGNED

2-13-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/16/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cen.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Dr. Brennan
5217 Harford Road

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 1681**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Louise Anna Munk**2. DATE
OF
DEATH**Feb. 13-1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MarylandB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)**4702 HARFORD Rd.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

6507 GLENOAK Ave

5. SEX

Female

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Married**

8. DATE OF BIRTH

Apr. 5-18919. AGE (In years
last birthday)**61**If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**AT HOME**10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE Md.12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

August**Sommers**

14. MOTHER'S MAIDEN NAME

CATHERINE Krummack15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. FRANK P. Munk - 6507 GLENOAK

18.

277X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebro-Cortical Degeneration

DUE TO

ANTECEDENT CAUSES

(B)

Endocrinopathy

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH**1944****1944**II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **July 16**, 19**43**, to **Feb 13**, 19**53**, that I last saw the
deceased alive on **Feb 13**, 19**53**, and that death occurred at **10:04 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

Edison

23B. ADDRESS

6247 Harford Rd

23C. DATE SIGNED

2/13/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

2/16/53

24C. NAME OF CEMETERY OR CREMATORY

OAKLAWN CEM

24D. LOCATION (City, town, or county)

BALTO

(State)

MdDATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Hall

25. FUNERAL DIRECTOR

L. J. Ruck

ADDRESS

5305 Harford Rd

BAKERSFIELD CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

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DATE OF DEATH

DATE OF DEATH

Dr. Alessi

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 1682**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

KATHERINA Brauer

2. DATE OF DEATH

Feb. 12-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Md.** B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1651 Normal Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1651 Normal Ave

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

OCT. 29-1868

9. AGE (in years last birthday)

84

If Under 1 Year Months: Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

DRESS MAKER

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

GERMANY

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MARDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Miss Julia M. Brauer - SAME

18.

443 X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Cerebral Hemorrhage
Hypertensive Cardiovascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Dec 22**, 19**52**, to **Feb. 12**, 19**53**, that I last saw the deceased alive on **Feb 12**, 19**53**, and that death occurred at **7:15 pm.**, from the causes and on the date stated above.

23A. SIGNATURE

A. V. Harbold

23B. ADDRESS

4706 Harford Road-14

23C. DATE SIGNED

2-13-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/16/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

BALTO Md

DATE RECEIVED BY LOCAL REGISTRAR

FEB 14 1953

REGISTRAR'S SIGNATURE

Huntington Hill

25. FUNERAL DIRECTOR

2. J. Ruck

ADDRESS

5305 Harford Rd

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Harbord

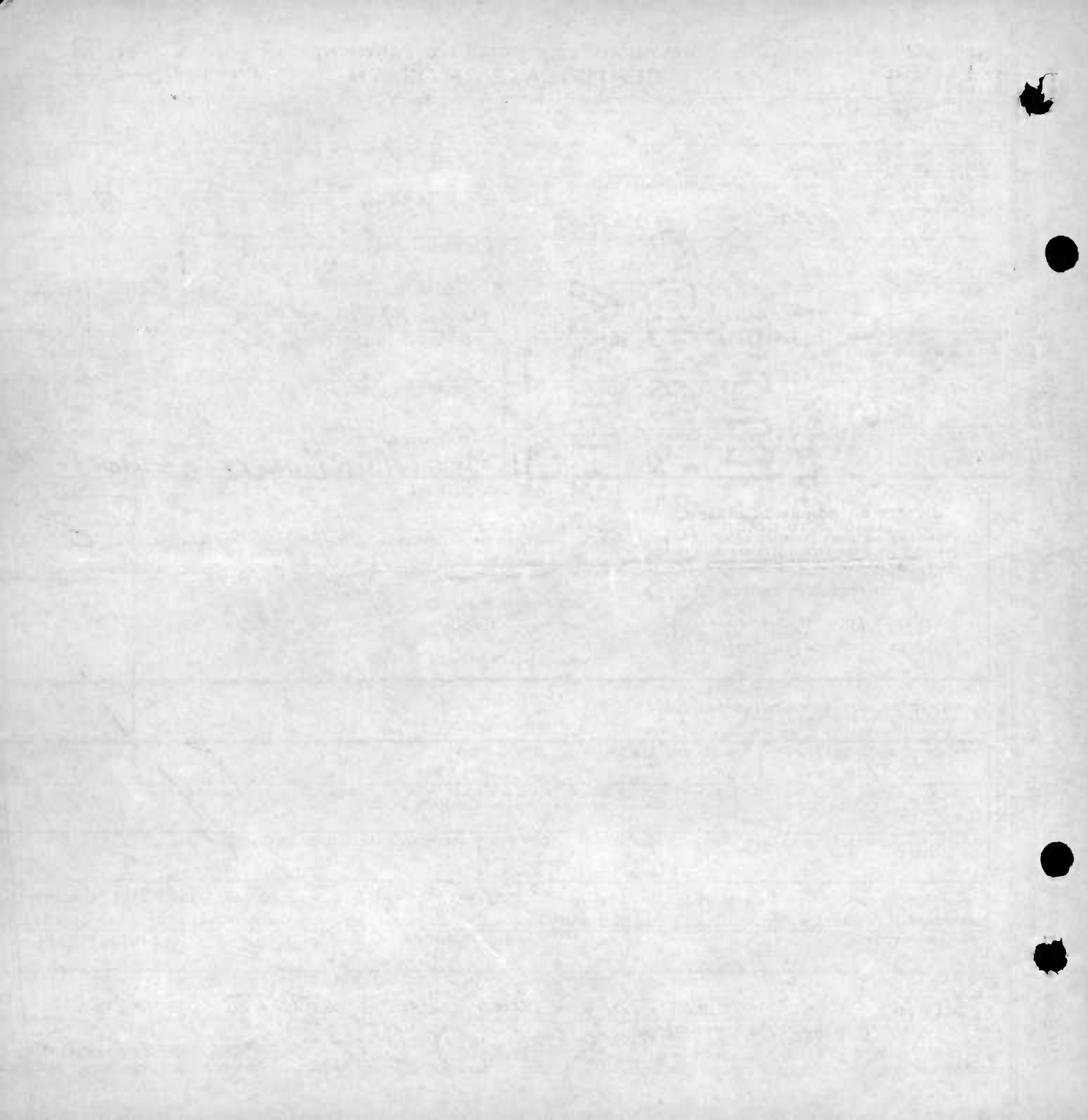
**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 1683
Registered No.

1. NAME OF DECEASED (Type or Print) JOHN T REDMOND		2. DATE OF DEATH 13 Feb	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTO CITY	
B. FULL NAME OF HOSPITAL OR INSTITUTION MERCY HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write rural and give township) BALTIMORE 9-07	
c. Length of stay in Baltimore 49 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1704 LANOUST ST	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH MAR 19 1903
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONSTRUCTION		10B. KIND OF BUSINESS OR INDUSTRY →	
13. FATHER'S NAME John Thomas Redmond		14. MOTHER'S MAIDEN NAME Maryann Elliot	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 216-01-8971	
17. INFORMANT Mrs. Marion F. Redmond		ADDRESS SAME	

18. 163 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ATELECTASIS, Bronchopneumonia DUE TO 9 days	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Pneumonecstomy DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 4 Feb. 1		19B. MAJOR FINDINGS OF OPERATION Ca L lung		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3 Feb , 1953, to 13 Feb , 1953, that I last saw the deceased alive on 13 Feb , 1953, and that death occurred at home , from the causes and on the date stated above.					
23A. SIGNATURE Mrs. Biss		23B. ADDRESS Maryland		23C. DATE SIGNED 13 Feb	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/1/53		24C. NAME OF CEMETERY OR CREMATORY Holy Cross Cem	
24D. LOCATION (City, town, or county) BALTO		24E. STATE Md.		25. FUNERAL DIRECTOR'S ADDRESS L. J. Ruck 5305 Harford Rd	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1684
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA C. VON DREHLE

2. DATE
OF
DEATH FEB. 11, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

District of Columbia

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONKIRKLEIGH VILLA
4301 Roland AvenueC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Washington

D. STREET ADDRESS (If rural, give location)

1933 Summit Place N.W.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

June 27, 1885

9. AGE (In years
last birthday)

67

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

Sandkuhler

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS 3725

Mr. Charles Von Drehle, Macomb N.W.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH Washington D. C.

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

12 hrs

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1951, to Feb 11, 1953, that I last saw the
deceased alive on Feb 11, 1953, and that death occurred at 11:00 Pm, from the causes and on the date stated above.

23A. SIGNATURE

William T. Helfrich

M. O.

23B. ADDRESS

5006 Roland Ave. Balt 11

23C. DATE SIGNED

2/13/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/16/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston B. Ball, Jr.

25. FUNERAL DIRECTOR

Leopold J. Ruck, 5305 Harford Road

CONTINUATION OF DEATH
STATE OF NEW YORK

100-100000

100-100000

100-100000

100-100000

100-100000

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 1885

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES SANDERS

2. DATE
OF
DEATH

Feb. 11, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

1023 M. Eutaw St. Balto., Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

11-04

c. Length of stay in Baltimore

35 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

ed.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

7-10-1894

9. AGE (In years
last birthday)

58

H Under 1 Year
Months: DaysH Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Weldon N.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James Sanders

14. MOTHER'S MAIDEN NAME

Helen Mc Gee

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Annie Sanders-1023 N. Eutaw St.

18.

331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Cerebral Hemorrhage
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Hypertension
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

?

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 9, 1953, to Feb. 11, 1953, that I last saw the deceased alive on Feb. 11, 1953, and that death occurred at 10:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Clifford P. Henderson

M. D.

23B. ADDRESS

2309 Druid Hill

23C. DATE SIGNED

2-13-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 15, 1953

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn cemetery

24D. LOCATION (City, town, or county)

Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington B. Williams

25. FUNERAL DIRECTOR

ADDRESS

W. Walstead-919-Druid Hill Ee

STATE OF NEW YORK
CERTIFICATE OF DEATH

NAME OF DECEASED		AGE		SEX		RACE		DATE OF DEATH		PLACE OF DEATH	
RESIDENCE		OCCUPATION		CAUSE OF DEATH		MANNER OF DEATH		SIGNATURE OF PHYSICIAN		SIGNATURE OF REGISTRAR	
DATE OF BIRTH		PLACE OF BIRTH		EDUCATION		MARRIAGE		PREVIOUS DEATHS		PREVIOUS MARRIAGES	
DATE OF DEATH		PLACE OF DEATH		CAUSE OF DEATH		MANNER OF DEATH		SIGNATURE OF PHYSICIAN		SIGNATURE OF REGISTRAR	
DATE OF BIRTH		PLACE OF BIRTH		EDUCATION		MARRIAGE		PREVIOUS DEATHS		PREVIOUS MARRIAGES	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1686

53 1686

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ADOLF ROGOWSKI

2. DATE
OF
DEATH

Feb 13 '53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore 3-02

D. STREET ADDRESS (If rural, give location)

830 S. Bond Street

B. FULL NAME OF (If not in hospital or institution, give street address or location)

830 S. Bond Street

C. Length of stay in Baltimore

47 years

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

June 1871

9. AGE (In years last birthday)

81

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

Poland

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Frances Szoldowski

18.

4 yrs

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial infarction

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Chronic Myocarditis

DUE TO

4 yrs.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) Cardiac Asthma

2 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1949 to Feb. 12, 1953 that I last saw the deceased alive on Feb. 12, 1953 and that death occurred at 9 A.M., from the causes and on the date stated above.

23A. SIGNATURE

John V. Szoldowski

M.D.

23B. ADDRESS

1802 Eastern Ave

23C. DATE SIGNED

2-13-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 16/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Rosary

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

John M. Weber 401 S. Chester

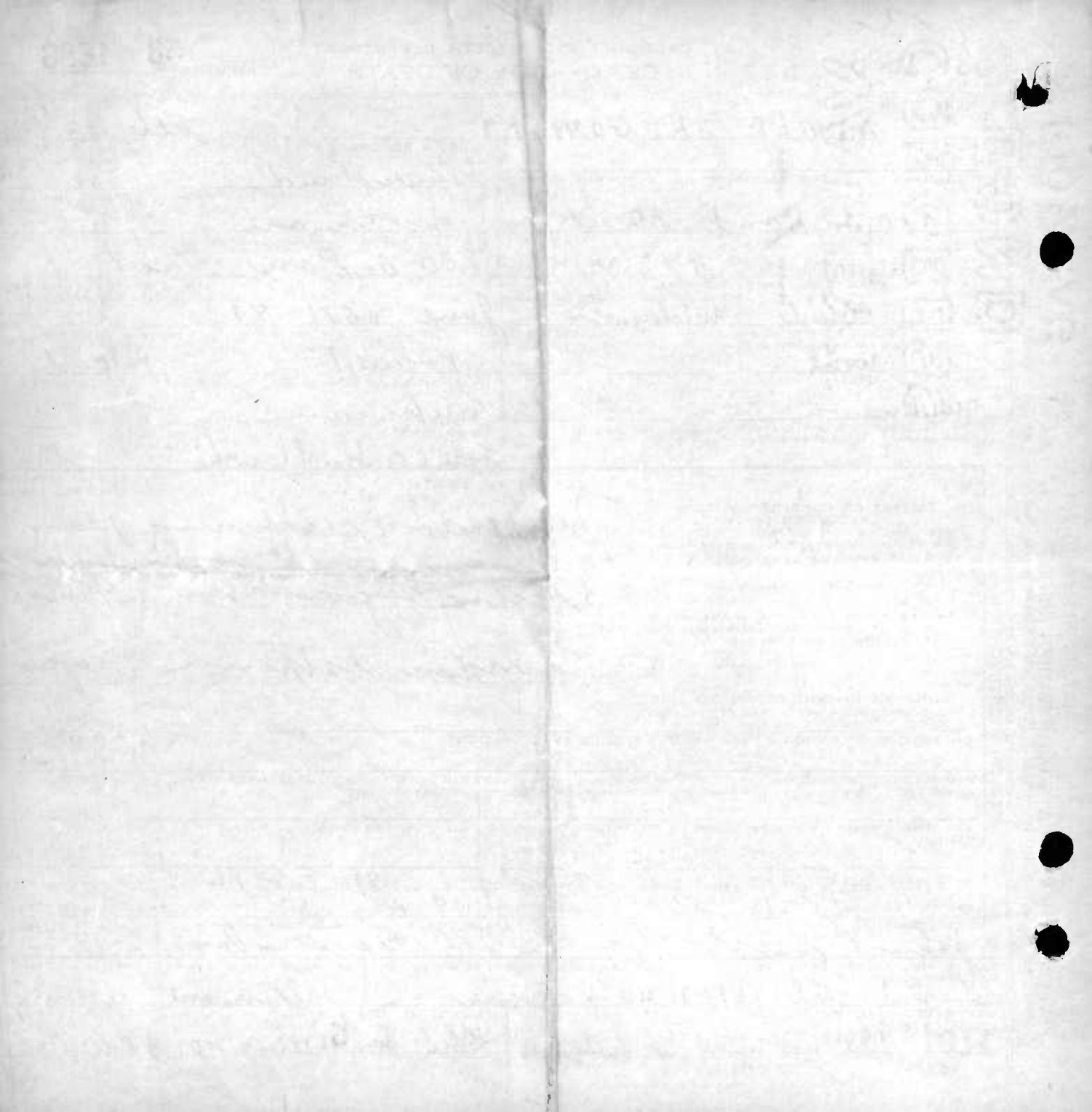
ADDRESS

VS 150

57

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 1687**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Fields

2. DATE OF DEATH

Feb. 11, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE *md* B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 12-04

D. STREET ADDRESS (If rural, give location)

2221 Guilford Ave

c. Length of stay in Baltimore

48 yrs

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9-18-1899

9. AGE (In years last birthday)

53

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Coleman Fields

14. MOTHER'S MAIDEN NAME

Lucy?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
JOHNS HOPKINS HOSPITAL

18.

171X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Epidemic Carcinoma Cervix
Barrelier

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Epidemic Carcinoma Cervix

DUE TO

(C)

Cardiac Pathosis

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *2-5*, 19*53*, to *2-11*, 19*53*, that I last saw the deceased alive on *2-11*, 19*53*, and that death occurred at *5:30 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

Feb-11-1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

7208A 217 E. Preston St

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

1. Name of deceased *John Doe* 2. Sex *Male* 3. Age *45* 4. Date of death *Jan 15 1912*

5. Place of death *Home* 6. Cause of death *Heart Disease*

7. Signature of physician *Dr. J. H. Smith* 8. Signature of registrar *W. H. Jones*

9. Signature of informant *John Doe* 10. Signature of witness *John Doe*

11. Signature of physician *Dr. J. H. Smith* 12. Signature of registrar *W. H. Jones*

13. Signature of informant *John Doe* 14. Signature of witness *John Doe*

15. Signature of physician *Dr. J. H. Smith* 16. Signature of registrar *W. H. Jones*

17. Signature of informant *John Doe* 18. Signature of witness *John Doe*

19. Signature of physician *Dr. J. H. Smith* 20. Signature of registrar *W. H. Jones*

21. Signature of informant *John Doe* 22. Signature of witness *John Doe*

23. Signature of physician *Dr. J. H. Smith* 24. Signature of registrar *W. H. Jones*

25. Signature of informant *John Doe* 26. Signature of witness *John Doe*

27. Signature of physician *Dr. J. H. Smith* 28. Signature of registrar *W. H. Jones*

29. Signature of informant *John Doe* 30. Signature of witness *John Doe*

31. Signature of physician *Dr. J. H. Smith* 32. Signature of registrar *W. H. Jones*

33. Signature of informant *John Doe* 34. Signature of witness *John Doe*

35. Signature of physician *Dr. J. H. Smith* 36. Signature of registrar *W. H. Jones*

37. Signature of informant *John Doe* 38. Signature of witness *John Doe*

39. Signature of physician *Dr. J. H. Smith* 40. Signature of registrar *W. H. Jones*

41. Signature of informant *John Doe* 42. Signature of witness *John Doe*

43. Signature of physician *Dr. J. H. Smith* 44. Signature of registrar *W. H. Jones*

45. Signature of informant *John Doe* 46. Signature of witness *John Doe*

47. Signature of physician *Dr. J. H. Smith* 48. Signature of registrar *W. H. Jones*

49. Signature of informant *John Doe* 50. Signature of witness *John Doe*

51. Signature of physician *Dr. J. H. Smith* 52. Signature of registrar *W. H. Jones*

53. Signature of informant *John Doe* 54. Signature of witness *John Doe*

55. Signature of physician *Dr. J. H. Smith* 56. Signature of registrar *W. H. Jones*

57. Signature of informant *John Doe* 58. Signature of witness *John Doe*

59. Signature of physician *Dr. J. H. Smith* 60. Signature of registrar *W. H. Jones*

61. Signature of informant *John Doe* 62. Signature of witness *John Doe*

63. Signature of physician *Dr. J. H. Smith* 64. Signature of registrar *W. H. Jones*

65. Signature of informant *John Doe* 66. Signature of witness *John Doe*

67. Signature of physician *Dr. J. H. Smith* 68. Signature of registrar *W. H. Jones*

69. Signature of informant *John Doe* 70. Signature of witness *John Doe*

71. Signature of physician *Dr. J. H. Smith* 72. Signature of registrar *W. H. Jones*

73. Signature of informant *John Doe* 74. Signature of witness *John Doe*

75. Signature of physician *Dr. J. H. Smith* 76. Signature of registrar *W. H. Jones*

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1688
Registered No.560
53 1688
BIRTH NO.

1. NAME OF DECEASED (Type or Print) HANNAH J. MUNROE			2. DATE OF DEATH Feb. 12, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Methodist Home for the Aged 2211 W. Rogers Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 2211 W. Rogers Ave.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb. 20, 1867		9. AGE (in years last birthday) 85
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME George Ware			14. MOTHER'S MAIDEN NAME Mary Parrish		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Mamie Fisher-2211 W. Rogers Ave.		

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) MYOCARDIAL INSUFFICIENCY DUE TO Anteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 4 days 20 yrs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from JAN 2 , 1953, to Feb 12 , 1953, that I last saw the deceased alive on Feb 12 , 1953, and that death occurred at 8:30 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE Arthur J. Davis		23B. ADDRESS 800 W 33rd St		23C. DATE SIGNED 2-13-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/16/53		24C. NAME OF CEMETERY OR CREMATORY Lorraine Cem.	
24D. LOCATION (City, town, or county) Woodlawn, Md.		24E. STATE Md.		25. FUNERAL DIRECTOR Wm. J. Lickner & Sons	
DATE RECEIVED BY LOCAL REGISTRAR FEB 14 1953		REGISTRAR'S SIGNATURE H. J. Lickner		ADDRESS Balto 17, Md.	

CERTIFICATE OF DEATH

STATE OF NEW YORK

CITY OF NEW YORK

DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

PLACE OF MARRIAGE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

RACE

EDUCATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 1689

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LEWIS FRANKLIN GERBER, Sr.

2. DATE OF DEATH
Feb. 12, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Kenesaw Rest Home

2601 Roslyn Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

6 Elmhurst Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

June 13, 1874

9. AGE (In years last birthday)

78

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Builder

10B. KIND OF BUSINESS OR INDUSTRY

self emp.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John M. Gerber

14. MOTHER'S MAIDEN NAME

Sarah --

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mr. L. Franklin Gerber, Jr.-6 Elmhurst Rd

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

cardio vascular disease.
Hypotension. Cerebral
anemia.

INTERVAL BETWEEN ONSET AND DEATH

6 mo.

ANTECEDENT CAUSES

(B)

DUE TO

gastric malnutrition

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 28, 1953, to Feb 12, 1953, that I last saw the deceased alive on Feb 12, 1953 and that death occurred at 10 a.m., from the causes and on the date stated above.

23A. SIGNATURE

L. E. W. Brown

M. D.

23B. ADDRESS

12125 Paul St

23C. DATE SIGNED

2/14/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/14/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Wm. J. Vickers & Sons

ADDRESS

Balto 17, Md.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1690
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Florence Vandergrift

2. DATE
OF
DEATH

Feb. 12 '1953

3. PLACE OF DEATH:

Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2219 Orem Ave.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Maryland General Hospital

C. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

Oct. 19 '1880

9. AGE (in years
last birthday)

72

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

American

13. FATHER'S NAME

Richard E. Sheckell

14. MOTHER'S MAIDEN NAME

Josephine Tarbert

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

331X1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral vascular accident

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

4 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 12, 1953, to Feb. 12, 1953, that I last saw the deceased alive on Feb. 12, 1953, and that death occurred at 8:15 pm., from the causes and on the date stated above.

23A. SIGNATURE

Sze-Jen Lin

M. D.

23B. ADDRESS

Md. General Hospital

23C. DATE SIGNED

Feb. 12 '53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/16/53

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 14 1953

26. M. J. Lickner & Sons

Bath 17, Md.

VALLEY

CO. 3000

OLD

FOR

U. S. A.

53 1691

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1691
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

J. SCOTT SHUGARS

2. DATE
OF
DEATH

Feb. 13, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Melchor Nursing Home

C. CITY OR TOWN (If outside corporate limits, write BUREAU and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

209 W. 29th St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Oct. 18, 1880

9. AGE (in years last birthday)

72

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR INDUSTRY

Men's Clothing retail

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James Shugars

14. MOTHER'S MAIDEN NAME

Alice Louise McClellan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
none

16. SOCIAL SECURITY NO.
215-03-4694

17. INFORMANT ADDRESS
Mrs. Helen E. Shugars - 209 W. 29th St.

18. 332 X 1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral thrombosis 2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

arteriosclerosis 7+ yrs

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic heart disease 1 yr

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/13, 1953, to 2/13, 1953, that I last saw the deceased alive on 2/13, 1953, and that death occurred at 10:30 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

2/16/53

Cedar Hill Cem.

Brooklyn, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 14 1953

Huntington Williams

Thm. J. Schner + Sons

MARGIN RESERVED FOR BINDING

PLEASE PRINT PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CHIEF OF POLICE

CHIEF OF POLICE



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1692
Registered No.200
53 1692
BIRTH NO.

1. NAME OF DECEASED (Type or Print) EDWARD GASSAWAY			2. DATE OF DEATH Feb. 13, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Parkhill Nursing Home 1802 Eutaw Place			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2701 Howard St.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 4, 1864	9. AGE (In years last birthday) 88	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Seafood Merchant - Self Emp.			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME Edward Gassaway		
14. MOTHER'S MAIDEN NAME Alice Taylor			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) none-		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Mrs. Lottie McCauley-1112 Ridgely St.		

MEDICAL CERTIFICATION

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Coronary occlusion - immediate DUE TO Arteriosclerotic C. V. D. Seriaty. Auricular fibrillation years			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Acute upper respiratory infection 4 days.			
II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> ND <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9th Feb., 1953 , to 13 Feb., 1953 , that I last saw the deceased alive on 13 Feb., 1953 , and that death occurred at 6 A. m. , from the causes and on the date stated above.			
23A. SIGNATURE Joseph E. Mused		23B. ADDRESS 5 West 29th St. (18)	23C. DATE SIGNED 13 Feb. '53
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial	24B. DATE 2/16/53	24C. NAME OF CEMETERY OR CREMATORY Gunpowder Baptist Church	24D. LOCATION (City, town, or county) (State) Elko, Balto. Co., Md.
DATE RECEIVED BY LOCAL REGISTRAR FEB 14 1953	REGISTRAR'S SIGNATURE Huntington	25. FUNERAL DIRECTOR J. P. Dickner & Sons	ADDRESS Balto 17, Md.

CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age	
4. Date of Death		5. Time of Death		6. Place of Death	
7. Cause of Death		8. Manner of Death		9. Signature of Registrar	
10. Signature of Medical Officer		11. Signature of Coroner		12. Signature of Police Officer	
13. Signature of Burial Officer		14. Signature of Undertaker		15. Signature of Witness	

16. Signature of Registrar		17. Signature of Medical Officer		18. Signature of Coroner	
19. Signature of Police Officer		20. Signature of Burial Officer		21. Signature of Undertaker	
22. Signature of Witness		23. Signature of Registrar		24. Signature of Medical Officer	
25. Signature of Coroner		26. Signature of Police Officer		27. Signature of Burial Officer	
28. Signature of Undertaker		29. Signature of Witness		30. Signature of Registrar	

PLEASE WRITE IN PLAIN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

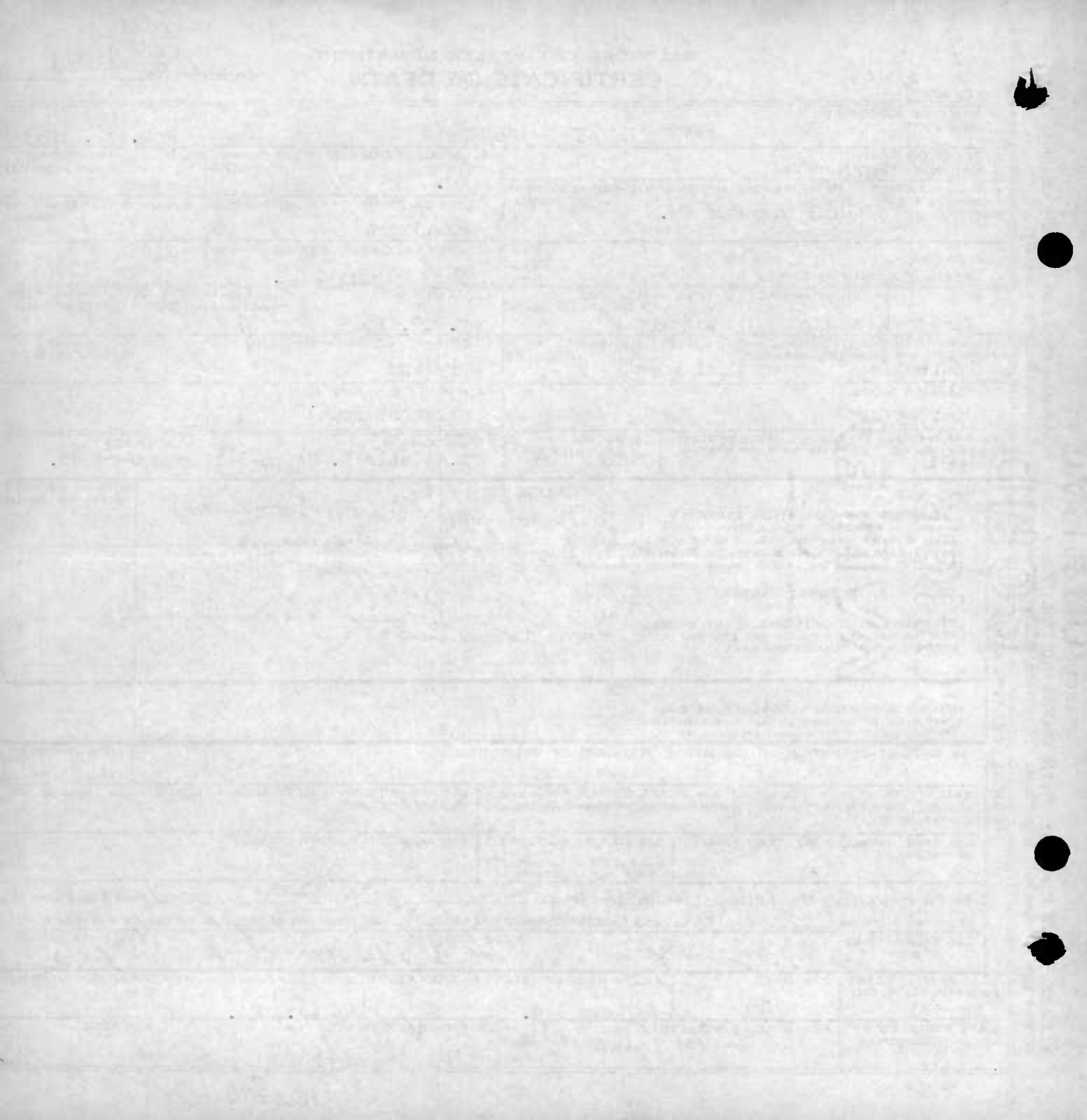
Registered No. **53 1693**

53 1693
BIRTH NO.

1. NAME OF DECEASED (Type or Print) KATHERINE WEBER LAUBERT			2. DATE OF DEATH Feb. 12, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION 3410 Edgewood Rd.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3410 Edgewood Rd.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov. 10, 1865		9. AGE (in years last birthday) 87
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Weber			14. MOTHER'S MAIDEN NAME Margaret Ruehl		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) none		16. SOCIAL SECURITY NO. none	17. INFORMANT ADDRESS Mrs. Austin B. Maton-3410 Edgewood Rd.		

18. 332x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Thrombosis (A) DUE TO on a Hypertensive Arterio-sclerotic Basis ANTECEDENT CAUSES (B) DUE TO Senility (C) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
--	--	----------------------------------

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1st 1950, to Feb 12, 1953 , that I last saw the deceased alive on Feb 12, 1953 , and that death occurred at 11:30 m., from the causes and on the date stated above.					
23A. SIGNATURE Dr. Paul Byrnes		23B. ADDRESS 3033 W North St		23C. DATE SIGNED 2/23/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/16/53		24C. NAME OF CEMETERY OR CREMATORY Western Cem.	
24D. LOCATION (City, town, or county) (State) Balto., Md.		25. FUNERAL DIRECTOR Mr. J. Vickner & Sons			
DATE RECEIVED BY LOCAL REGISTRAR FEB 14 1953		REGISTRAR'S SIGNATURE Huntington		ADDRESS Balto 17, Md.	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 16941. NAME OF DECEASED
(Type or Print)

SARA REBECCA REESE

2. DATE
OF
DEATH

Feb. 13, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
MarylandB. COUNTY
BaltimoreB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONThe Gundry Sanitarium
Frederick Rd., Balto., Md.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

C. Length of stay in Baltimore

89

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

102 Dumbarton Rd.

5. SEX

F

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

9-24-1862

9. AGE (In years
last birthday)

89

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Nicholas T. Manly

14. MOTHER'S MAIDEN NAME

Rebecca Simcoe

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Rodgers Forge & Co. ADDRESS

Miss Sara Reese

102 Dumbarton Rd, Baltimore, Md

18. 481x and 260x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Influenza

2 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic cerebral vascular disease

years

DUE TO

(C)

Diabetes mellitus

years

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from September 22, 1949, to February 13, 1953, that I last saw the deceased alive on February 13, 1953, and that death occurred at 8:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Rachael K. Gundry

23B. ADDRESS

M. D.

The Gundry Sanitarium, Balto., Md.

23C. DATE SIGNED

2-13-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/16/53

24C. NAME OF CEMETERY OR CREMATORY

Elkton Cem.

24D. LOCATION (City, town, or county)

Elkton, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

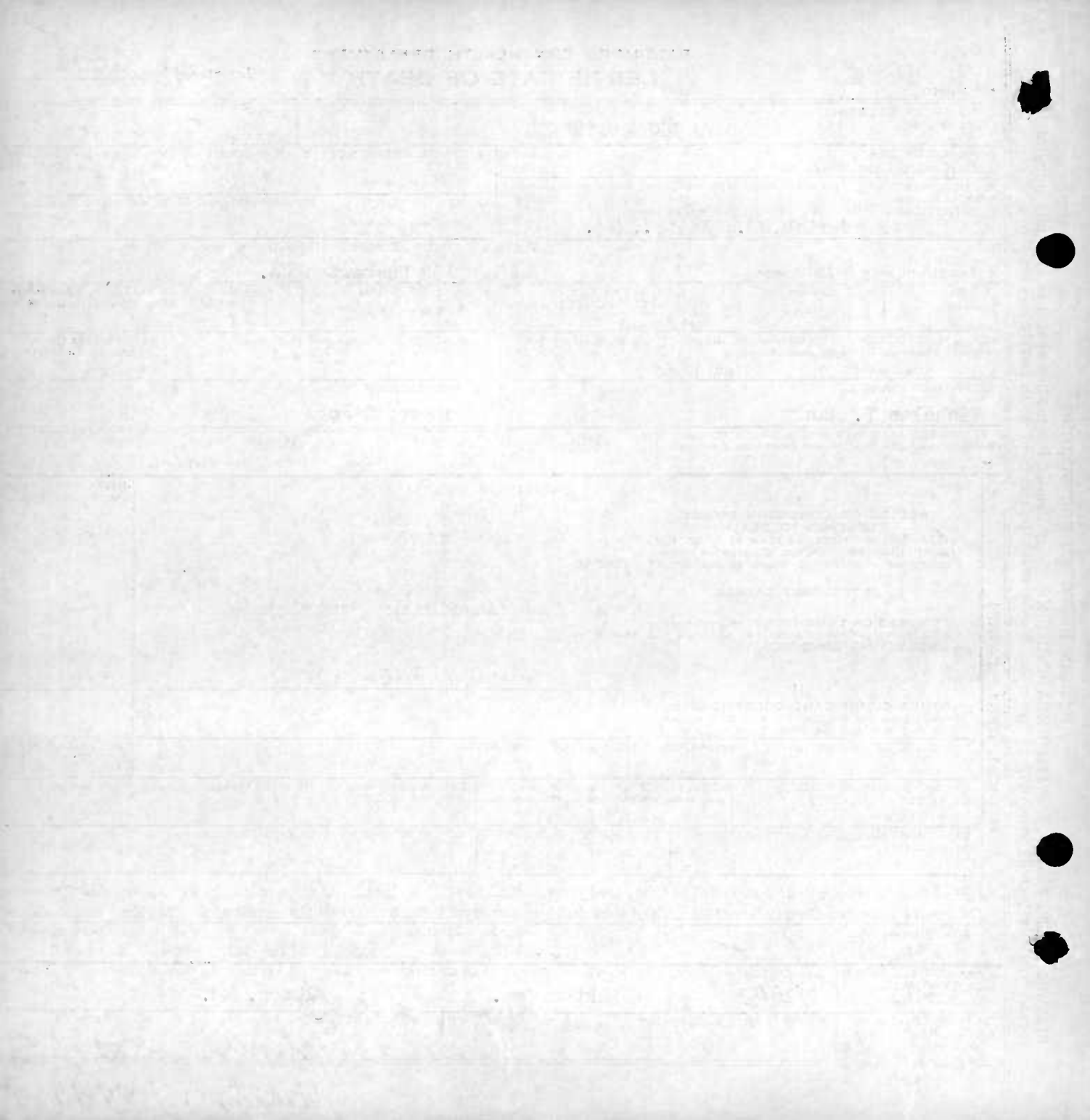
25. FUNERAL DIRECTOR

ADDRESS

FEB 14 1953

J. J. Richner & Sons

Balto. 17, Md.



53 1895

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1895

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HATTIE

BATTLES

2. DATE
OF
DEATH

February 11, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md.

B. COUNTY

before admission)

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

127 N. Central Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Feb. 26, 1903

9. AGE (In years
last birthday)

50

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Rocky Mt. N.C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Carroll K Battle

14. MOTHER'S MAIDEN NAME

Isabelle

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Lizzie Edwards Rocky Mt. N.C.

18. 443 X 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Hypertensive Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

William V. Lovett

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☒

23C. DATE SIGNED

Feb. 12, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

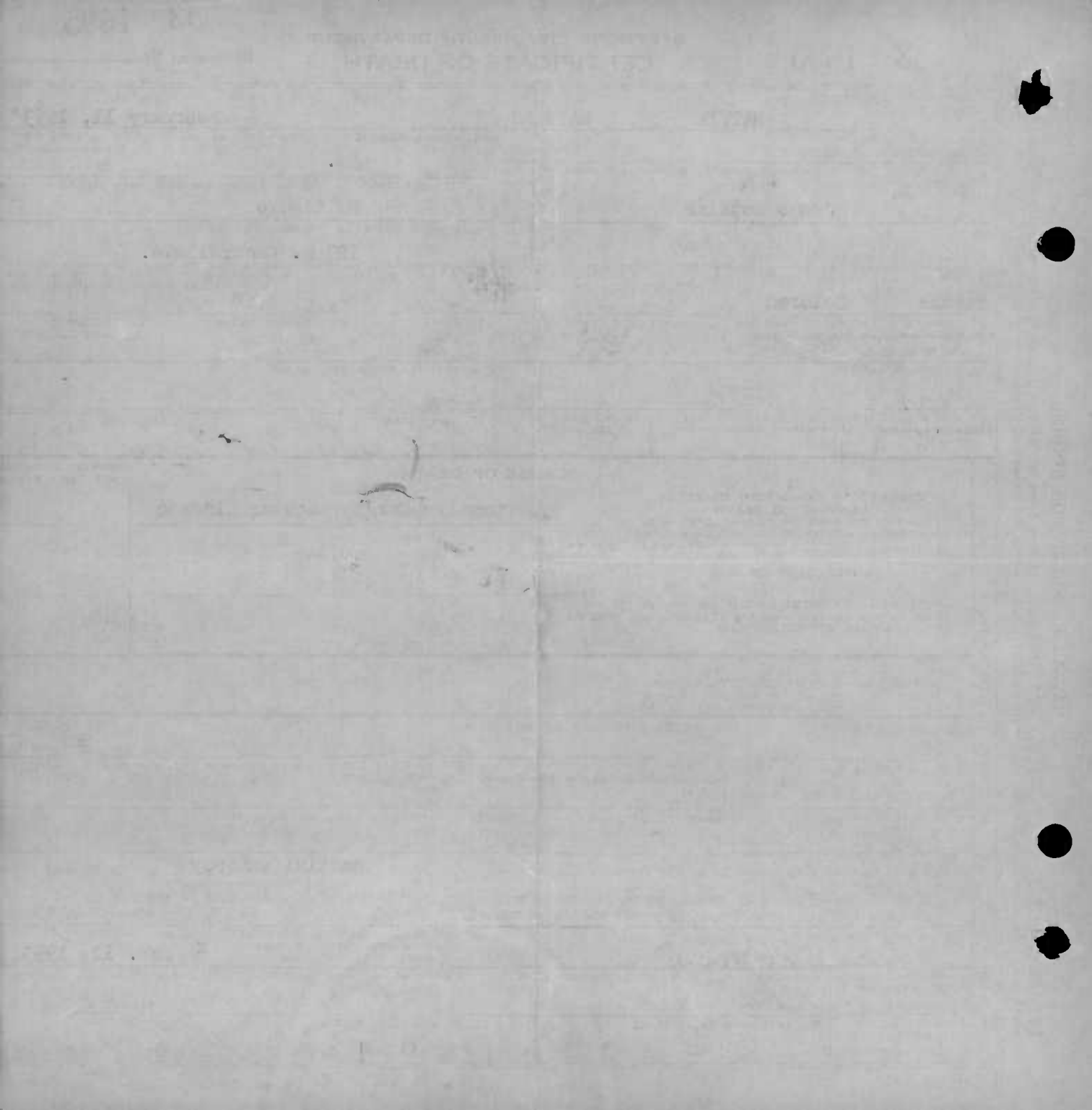
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



53 1696

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1696
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Baby Boy Crum

2. DATE
OF
DEATH Feb. 13, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland B. COUNTY Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION St. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, Maryland

D. STREET ADDRESS (If rural, give location)

1316 Poplar Avenue (27)

c. Length of stay in Baltimore 1 Day

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Feb. 12, 1953

9. AGE (In years

last birthday)

1 day

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR

INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF

WHAT COUNTRY?

U S A

13. FATHER'S NAME

William W. Crum

14. MOTHER'S MAIDEN NAME

Dorothy Hynes

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 12, 1953, to Feb 13, 1953, that I last saw the
deceased alive on Feb 13, 1953, and that death occurred at 10:20 pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEPARTMENT OF HEALTH
BUREAU OF HEALTH

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53 1697

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1697

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

6. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months Days
11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from 1-28 1953, to 2-13 1953, that I last saw the
deceased alive on 2-13 1953, and that death occurred at 9:50 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

EB VS 15053

31

STATE OF NEW YORK
CERTIFICATE OF DEATH

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102

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1698
Registered No.

53 1698

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JENNIE MERENBLOOM

2. DATE
OF
DEATH

2-13-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR HOSPITAL OR
INSTITUTION

Levindale Aged Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-16

D. STREET ADDRESS (If rural, give location)

4612 Pimlico Road

c. Length of stay in Baltimore

65 yrs

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widow

8. DATE OF BIRTH

1863

9. AGE (In years

last birthday)

90

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF

WHAT COUNTRY?

USA

13. FATHER'S NAME

Hershel Miller

14. MOTHER'S MAIDEN NAME

Baile?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. Bettie Susman - 4612 Pimlico Road

ADDRESS

18. 332X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

Cerebral thrombosis 3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

Cerebral arteriosclerosis years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-5 44519⁵² to 2-13, 1953 that I last saw the
deceased alive on 2-13, 1953 and that death occurred at 7-a.m., from the causes and on the date stated above.

23A. SIGNATURE

Henry Nagel

M. D.

23B. ADDRESS

Levindale Home

23C. DATE SIGNED

2-13-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/15/53

24C. NAME OF CEMETERY OR CREMATORY

Mickio-Kodesch, Baltimore, Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 15 1953

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Sol. Gerinson + Bros. - 1124-26 W. North Ave.

ADDRESS

VS 150

North Ave.

MARGIN RESERVED FOR BINDING

PLEASE TYPE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1951

U.S. DEPARTMENT OF AGRICULTURE
BUREAU OF LAND MANAGEMENT

U.S. DEPARTMENT OF AGRICULTURE
BUREAU OF LAND MANAGEMENT
BOND
CONTRACTS
VALLEY

53 1699

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1899

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Rosie M. Dandy.

2. DATE
OF
DEATH Feb 14, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

3136 Keswick Road.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

13-05

D. STREET ADDRESS (If rural, give location)

3136 Keswick Road.

c. Length of stay in Baltimore Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow.

8. DATE OF BIRTH

April 3, 1877

9. AGE (in years
last birthday)

75

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Unknown.

14. MOTHER'S MAIDEN NAME

Unknown.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Freudenmyer, 3135 Tilden Drive.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Occlusion

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arterio Sclerosis
and arterio-sclerotic heart.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Rheumatoid Arthritis

253/100

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Dec 1952 to 2/14, 1953 that I last saw the
deceased alive on 2/13, 1953 and that death occurred at 12:25 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

2040 N. Charles

2/14/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Feb 17/53

Moreland Park

Taylor Ave, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 15 1953

Huntington

E. Higgins

Quentin E. Donovan 3818 Roland Ave

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53 1700

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1700

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BERTHA LEVIN

2. DATE
OF
DEATH

Feb. 15, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore, 10-02

D. STREET ADDRESS (If rural, give location)

826 Abbott Court - 2

c. Length of stay in Baltimore

20 yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (in years
last birthday)

63

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Hungary

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Not known

14. MOTHER'S MAIDEN NAME

Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Morris Levin - Home

1B.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Uremia

DUE TO Chronic glomerulo-nephritis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Congestive Heart Failure

DUE TO Generalized C.V.D.

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from Feb. 12 th, 1953, to Feb. 15, 1953 that I last saw the
deceased alive on Feb. 15, 1953, and that death occurred at 2:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

R. H. Haines

M. D.

23B. ADDRESS

1400 N. Caroline Street - 13

23C. DATE SIGNED

Feb. 15, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2-15-53

24C. NAME OF CEMETERY OR CREMATORY

Mt Carmel

24D. LOCATION (City, town, or county)

Balto

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Haines, M.D.

25. FUNERAL DIRECTOR

Jack Lewin 2100 Gutan Rd

ADDRESS

RECEIVED

NOV 14 1964

NOV 14 1964

NOV 14 1964

NOV 14 1964

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163
53 1701BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1701
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROSE OBER TIER

2. DATE
OF
DEATH

2/14/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

42 Sinai Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore, 15 15-11

D. STREET ADDRESS (If rural, give location)

3625 Rosedale Rd

c. Length of stay in Baltimore

39

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

72

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

U.S.G

13. FATHER'S NAME

Jacob

14. MOTHER'S MAIDEN NAME

Hannah Leah

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, No or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Oscar Klypt - 3625 Rosedale Rd.

18. 442X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Uremia & Coma

Two days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Cerebro Vascular Accident

Two days

DUE TO

(C)

Hypertensive Cardiovascular Dis. 10 yrs

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Renal Nephrosclerosis

10 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Feb. 14, 1953, to Feb. 14, 1953, that I last saw the
deceased alive on Feb. 14, 1953, and that death occurred at 6:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Julius S. Grier

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

2/14/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Buryal

2-15-53

Rosedale

Baltimore

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

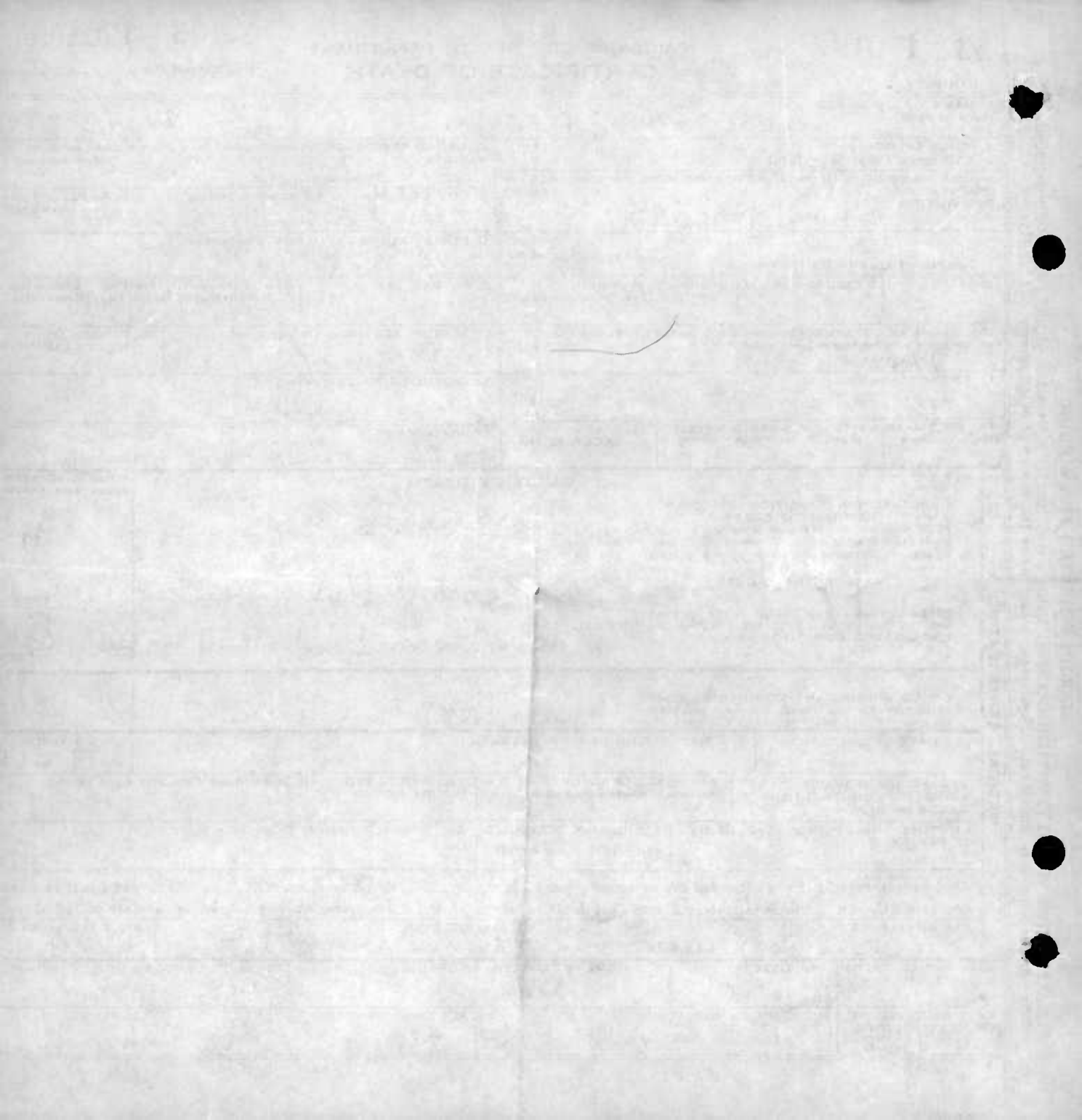
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 15 1953

Huntington Williams, 2100 Euter-R



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

420
53 1702BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1702

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

HENRY BLOCK

2. DATE
OF
DEATH

2-14-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MD

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

U.H.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto, Md.

O. STREET ADDRESS (If rural, give location)

3323 ALTO Rd

C. Length of stay in Baltimore

39

Yrs.

Mons.

Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

UNEMPLOYED

10B. KIND OF BUSINESS OR
INDUSTRY

Tailor

11. BIRTHPLACE (State or foreign country)

Lith

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Benjamin

14. MOTHER'S MAIDEN NAME

Leah

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Henry Block - same

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Congestive Heart Failure

DUE TO

ANTECEDENT CAUSES

(B)

Myocardial infarction.

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐NOT WHILE ☐

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-30, 1953 to 2-14, 1953 that I last saw the
deceased alive on 2-14, 1953 and that death occurred at 6 PM, from the causes and on the date stated above.

23A. SIGNATURE

A. Felipe Gonzalez

23B. ADDRESS

U.H. Balto. Md

23C. DATE SIGNED

2-14-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2-15-53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Hebrew

24D. LOCATION (City, town, or county)

Balto

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Jack Lewis

ADDRESS

2100 Center Pl

A/

53 1703

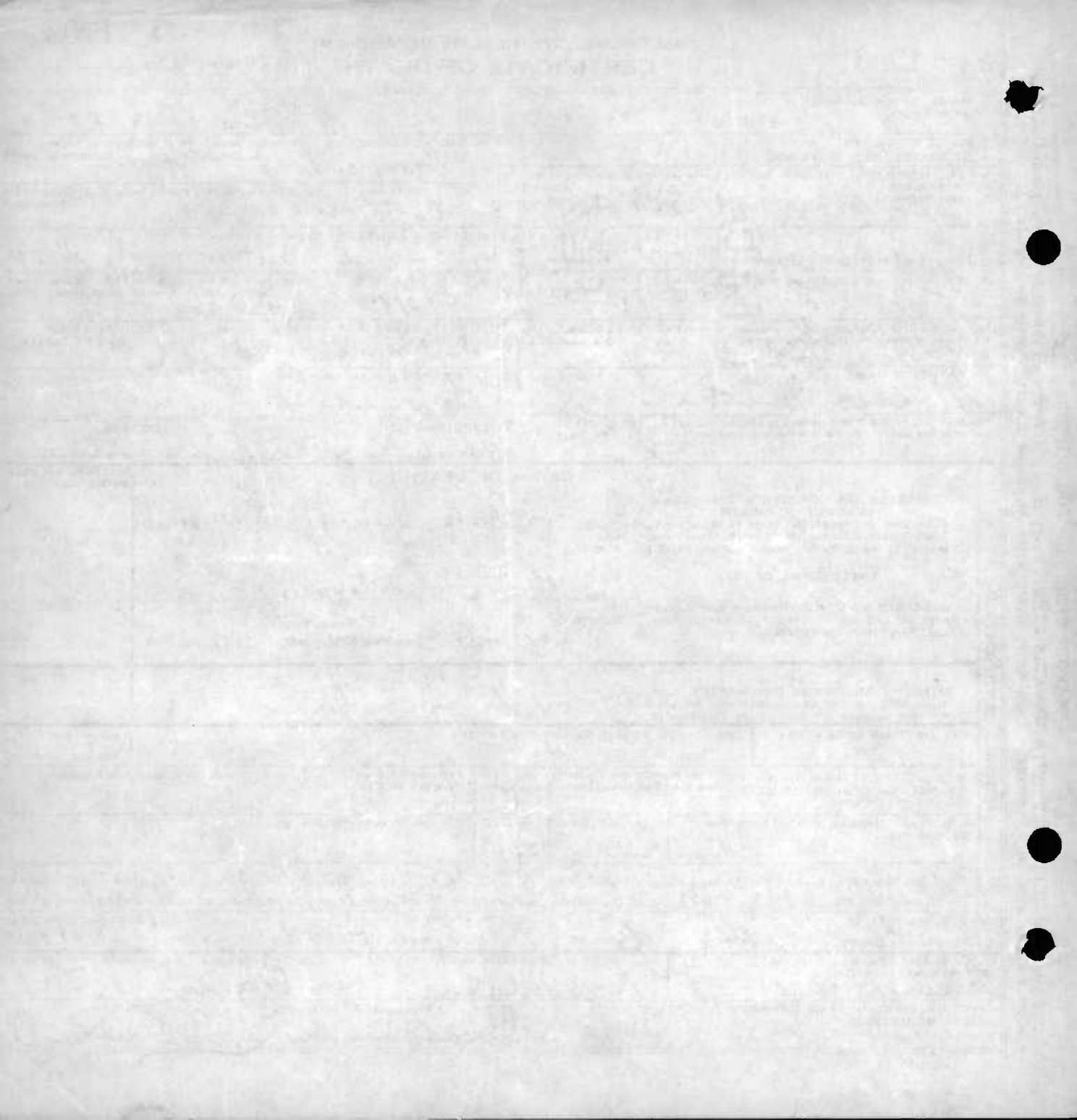
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1703

Registered No.

1. NAME OF DECEASED (Type or Print) <i>Rosalie Seamen</i>		2. DATE OF DEATH <i>2-14-53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Sinai Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 1-05</i>	
c. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>2225 E. Baltimore St. #31</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>6/7/00</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		9. AGE (In years last birthday) Months: Days <i>42 years</i>	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Baltimore Md.</i>	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Morris Cohen</i>		14. MOTHER'S MAIDEN NAME <i>Bessie</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Samuel Seamen - same</i>		ADDRESS <input checked="" type="checkbox"/>	
18. <i>401.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Sub Acute Bacterial Endocarditis</i> DUE TO <i>Mitral Stenosis</i> DUE TO <i>Rheumatic Heart disease</i> DUE TO <i>Uremia</i>		INTERVAL BETWEEN ONSET AND DEATH	
19. DATE OF OPERATION			
19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12/29/52</i> , 19 <i>52</i> , to <i>2/13</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>2/13</i> , 19 <i>53</i> , and that death occurred at <i>4.50 a.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Max Miller</i>		23B. ADDRESS <i>Sinai Hospital</i>	
23C. DATE SIGNED <i>2/14/53</i>		M. D.	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>2-15-53</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Rosedale</i>		24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 15 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington</i>	
25. FUNERAL DIRECTOR <i>Jack Lewis Inc</i>		ADDRESS <i>2100 Culver Pl</i>	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1704
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FREDA SUREFF

2. DATE
OF
DEATH

2/13/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONLuthran Hospital
of Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-12

D. STREET ADDRESS (If rural, give location)

3807 Reisterstown Rd

c. Length of stay in Baltimore

22

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, ~~MARRIED~~

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

2/11/1911

9. AGE (In years last birthday)

42

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Canada

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Schliard

14. MOTHER'S MAIDEN NAME

Bessie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

INFORMANT

ADDRESS

Benjamin Sureff. Same

18.

170X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Generalized Carcinomatosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B)

Carcinoma of the Breast

3 to 3 1/2 yrs ago

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/7/53, 19__, to 2/13/53, 19__, that I last saw the deceased alive on 2/13/53, 19__, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Robert W. Schliard

M. D.

23B. ADDRESS

Luthran Hospital

23C. DATE SIGNED

2/13/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

2-15-53

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county)

Balto

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Schliard, 1977

25. FUNERAL DIRECTOR

Jack Lewis, 2100 Sutton Pl

ADDRESS

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Baby Marjorie Smith*2. DATE
OF
DEATH*2-12-1953*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR or RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

6-14-1952

9. AGE (In years last birthday)

7mo

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Infant

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balt

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles Smith

14. MOTHER'S MAIDEN NAME

Betty Lou Hedden

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*Charles E. Smith U.S. Naval Academy*18: *491 X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A) *Tuberculosis*
DUE TO *Pneumonia*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.*✓*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *2-12*, 19*53* to *2-12*, 19*53* that I last saw the deceased alive on *2-12*, 19*53* and that death occurred at *11:35 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE

George E. Smith

M. D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

2-12-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

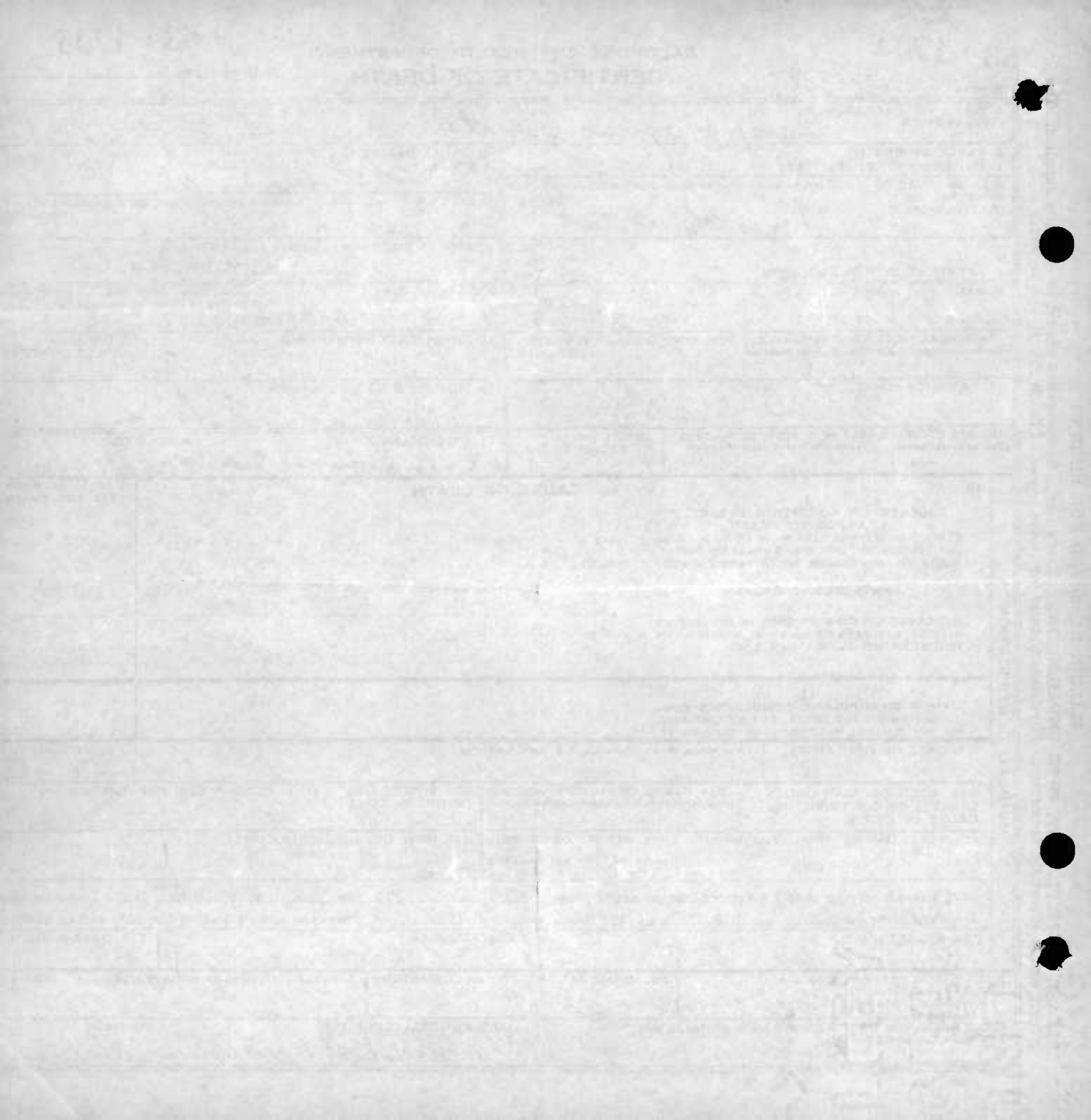
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*Burial**Feb. 14, 1953**Green Haven**G. A. B.**Md.**EB 15 1953**Huntington Williams M.D.**A. J. G. G. G.**Elm 1400 St. Charles*



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1706
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Mary E. Becker</i>		2. DATE OF DEATH <i>Feb. 14, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>113 E. Hollings St.</i>		USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>Md</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto 24-03</i>			
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>113 E. Hollings St</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Dec 15, 1878</i>	9. AGE (In years last birthday) <i>74</i>	10 Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	11. BIRTHPLACE (State or foreign country) <i>Balto Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>
13. FATHER'S NAME <i>Vogel</i>		14. MOTHER'S MAIDEN NAME <i>Don't know</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Marie Rowe 113 E. Hollings St</i>	
18. <i>497X and 007X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(A) <i>Virus pneumonia</i> DUE TO (B) <i>Pulmonary tuberculosis bilateral.</i> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <i>one week</i> <i>?</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2/7</i> , 19 <i>53</i> to <i>2/14</i> , 1953, that I last saw the deceased alive on <i>2/13</i> , 1953, and that death occurred at <i>12 noon</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Harry Daile</i>		23B. ADDRESS <i>1226 Hanover St.</i>		23C. DATE SIGNED <i>2/14/53.</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24B. DATE <i>Feb. 17, 1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Glen Haven</i>	
24D. LOCATION (City, town, or county) <i>A. A. Co</i>		24E. (State) <i>Md</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 15 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington</i>		25. FUNERAL DIRECTOR ADDRESS <i>Cl. Gould Evans 140 S. B. hawks M</i>	

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

WATER RESOURCES DIVISION

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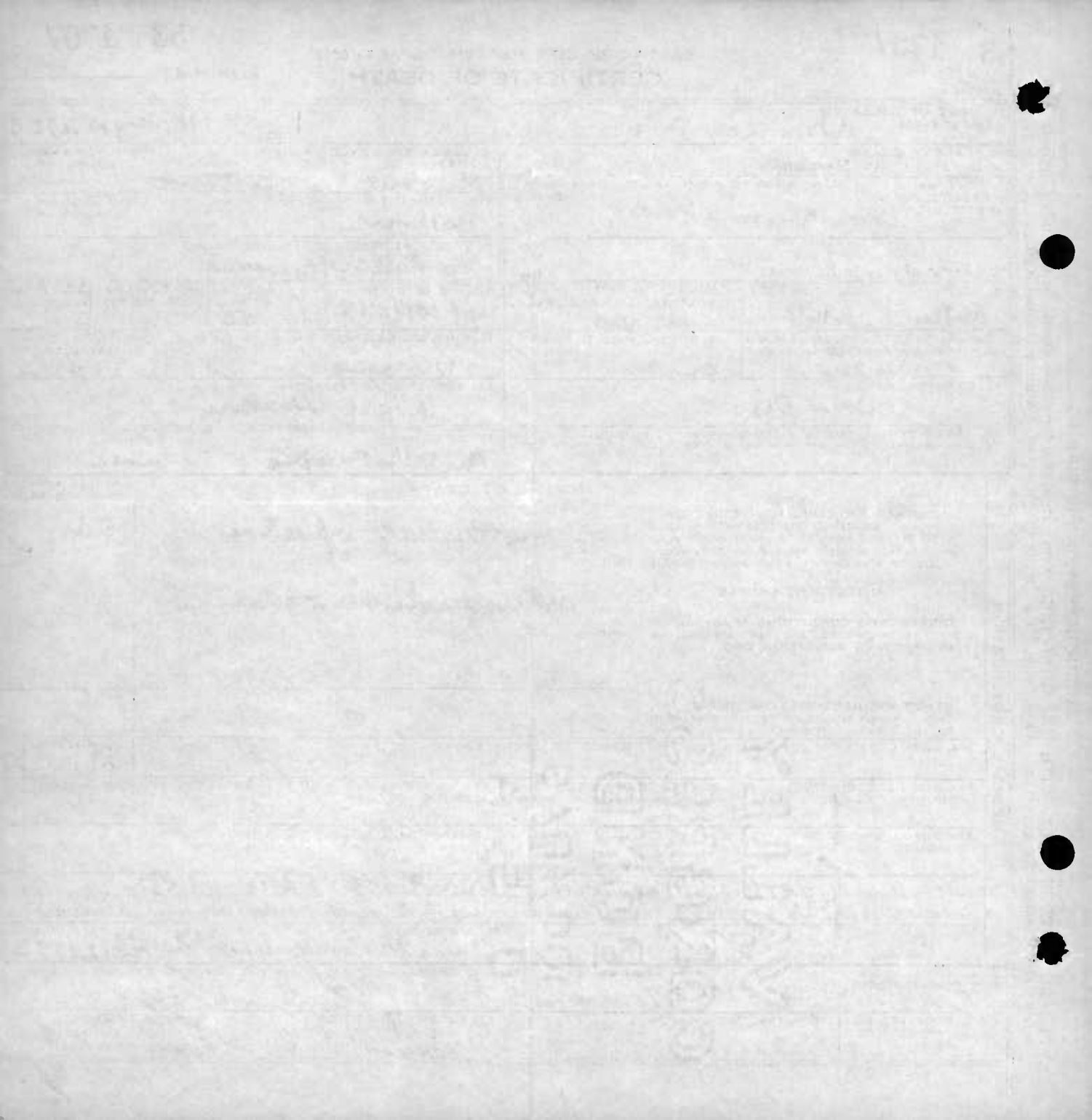
WATER RESOURCES DIVISION

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 1707		BALTIMORE CITY HEALTH DEPARTMENT		53 1707	
BIRTH NO.		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) Calvin Lee Dize			2. DATE OF DEATH February 12, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hosp			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-08		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 400 Rosecroft Terrace		
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept 10, 1897	9. AGE (In years last birthday) 55	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) painter			10B. KIND OF BUSINESS OR INDUSTRY painter		
11. BIRTHPLACE (State or foreign country) Virginia			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME John Dize			14. MOTHER'S MAIDEN NAME Louise Walter		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) ?			16. SOCIAL SECURITY NO. ?		
17. INFORMANT Mrs Nellie Ann Dize			ADDRESS same		
18. 470.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) myocardial infarction DUE TO ANTECEDENT CAUSES (B) arteriosclerotic heart disease DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH 5 days		
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from February 9, 1953 to Feb 12, 1953 that I last saw the deceased alive on Feb 12, 1953 , and that death occurred at 8 A m., from the causes and on the date stated above.					
23A. SIGNATURE Mary Innes Staff			23B. ADDRESS Union Memorial Hospital		
23C. DATE SIGNED Feb 12, 1953					
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb 16, 1953		24C. NAME OF CEMETERY OR CREMATORY Louisa Park Cem.	
24D. LOCATION (City, town, or county) Baltimore Md					
DATE RECEIVED BY LOCAL REGISTRAR FEB 15 1953		REGISTRAR'S SIGNATURE Frederick Ave		25. FUNERAL DIRECTOR Frederick Ave	

56424



H-400
53 1708BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1708
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edward Holle

2. DATE
OF
DEATH

2-12-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

St. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 20-08

D. STREET ADDRESS (If rural, give location)

3322. Frederick Ave

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

6-12-1865

9. AGE (in years

last birthday)

87

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

BAA. Tender

10B. KIND OF BUSINESS OR
INDUSTRY

Tavern

13. FATHER'S NAME

Joh vis Holle

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF

WHAT COUNTRY?
U.S.A.

14. MOTHER'S MAIDEN NAME

Wilhelmena Kunnegrund A

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If Yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Lillian Naff 1128 W. BALT. NO 10 ST.

18. 4221 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Pulmonary edema
DUE TO C. S. V. D. 6

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Congestive H. failure
DUE TO C. S. V. D.
(C) Bronchial pneumonia

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

✓

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-6, 1953, to 2-12, 1953, that I last saw the
deceased alive on 2-12, 1953, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

George E. Hen

M. D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

2-12-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Feb 12, 1953

24C. NAME OF CEMETERY OR CREMATORY

Gordon Park

24D. LOCATION (City, town, or county)

BALTO. MARYLAND

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Frederick K. A.

ADDRESS

3512

FEB 15 1953

VS 150

MARGIN RESERVED FOR BINDING

PLEASE PRINT FULLY, WITH UNFADING INK. Every item of information should be clearly and legibly. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS

STATE OF NEW YORK

DEPARTMENT OF HEALTH

BUREAU OF VITAL RECORDS

OFFICE OF THE STATE COMMISSIONER OF HEALTH

ALBANY, NEW YORK

1911

STATE OF NEW YORK

DEPARTMENT OF HEALTH

BUREAU OF VITAL RECORDS

OFFICE OF THE STATE COMMISSIONER OF HEALTH

ALBANY, NEW YORK

1911

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DAVID A. WATFORD, JR.

2. DATE
OF DEATH February 14, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Sparrows Point

D. STREET ADDRESS (If rural, give location)

Box 74 Route 10

C. Length of stay in Baltimore

2

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

B. DATE OF BIRTH

Sept 25 1918

9. AGE (In years
last birthday)

34

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

DRAFTSMAN

10B. KIND OF BUSINESS OR
INDUSTRY

AIR PLANE

11. BIRTHPLACE (State or foreign country)

Norfolk Va

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

DAVID A. WATFORD JR

14. MOTHER'S MAIDEN NAME

Elizabeth Worster

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

YES

16. SOCIAL
SECURITY NO.

W. W. V

17. INFORMANT

Elizabeth M. Worster

Sparrows Pt
Md

18. E816.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Crushed chest

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Road

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

North Point Road and Sewer Road

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Feb. 14, 1953 5:00 A.M.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Driver of auto which ran into rear of truck

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William B. Smith

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☒MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Feb. 14, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2-17-53

24C. NAME OF CEMETERY OR CREMATORY

OLIVE BRANCH Cem Portsmouth, Va

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

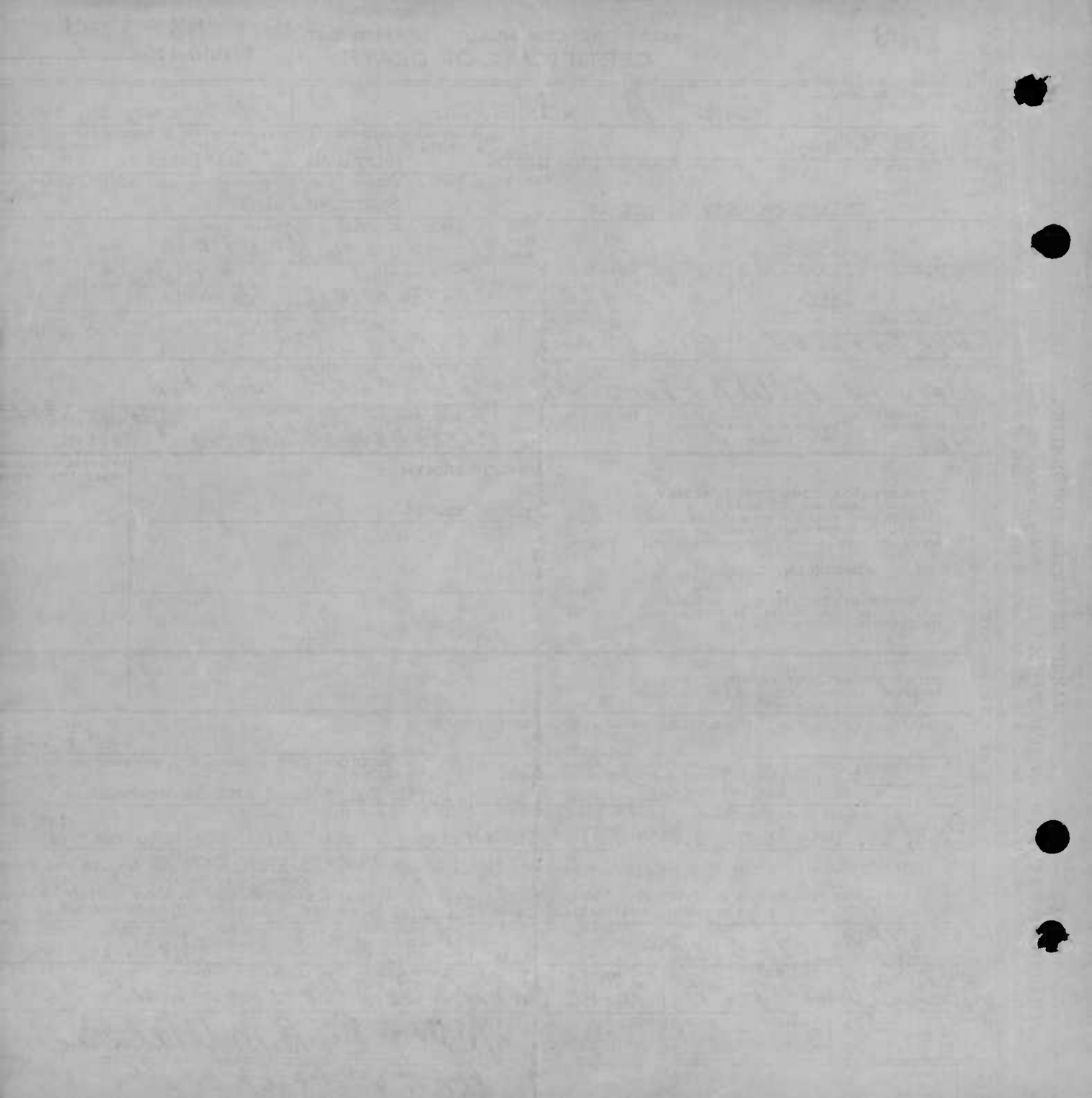
Hoff & B.M. Walters

ADDRESS

VS 151

N-862

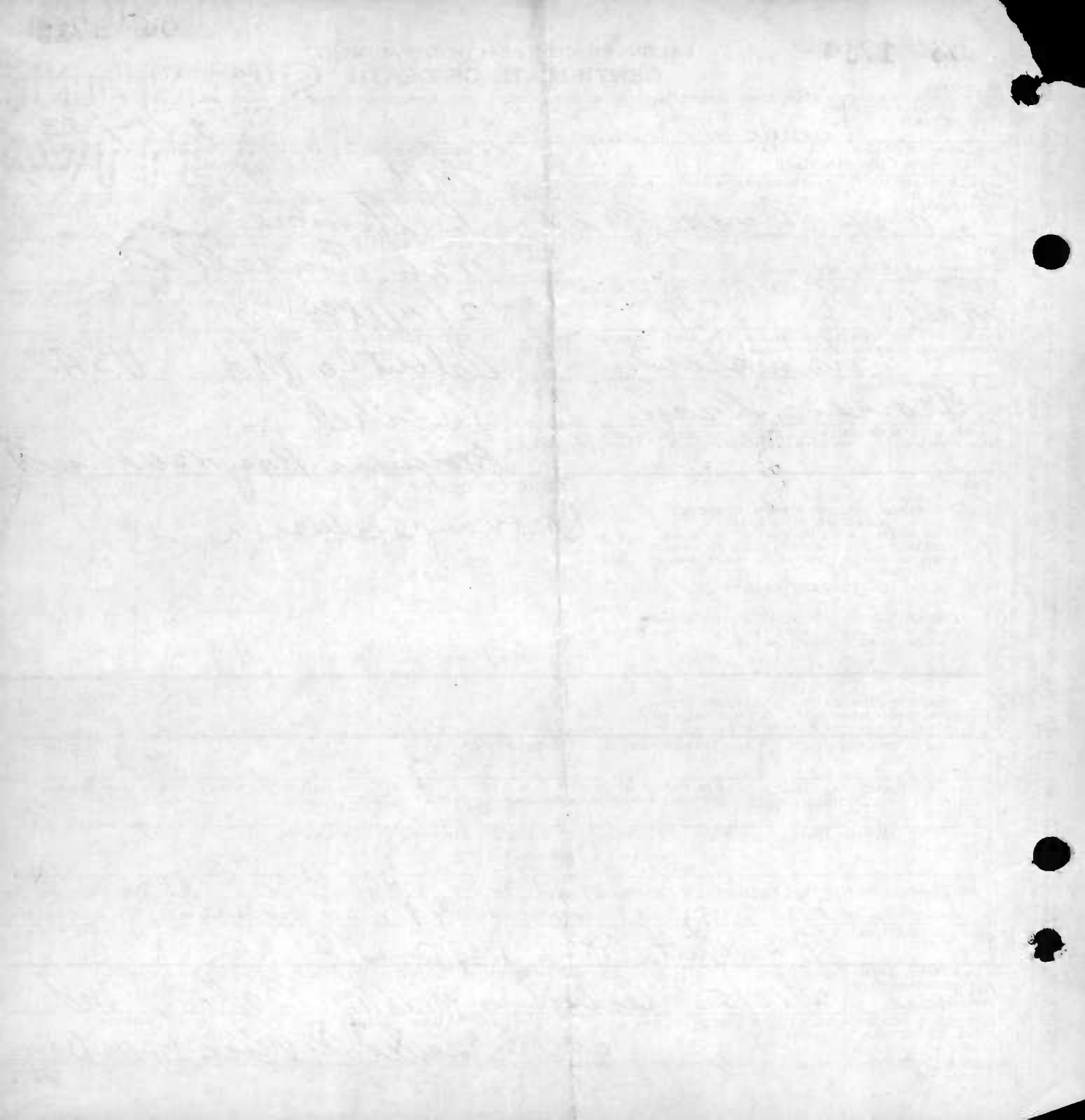
035 3T Pratt & Stricker Sts



MARGIN RESERVED FOR BINDING

PLEASE TYPE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

-600		53 1710		BALTIMORE CITY HEALTH DEPARTMENT		53 1710	
BIRTH NO.				CERTIFICATE OF DEATH			
1. NAME OF DECEASED (Type or Print) <i>Frank W. Gray</i>				2. DATE OF DEATH <i>2/12/53</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1126 Russell St</i>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 21-01</i>			
C. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) <i>1126 Russell St</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>		8. DATE OF BIRTH <i>2/11/1882</i>	9. AGE (In years last birthday) <i>71</i>	If Under 1 Year Months: Days	If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Minister</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Calvert Co., Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>George Gray</i>				14. MOTHER'S MAIDEN NAME <i>Rachel</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Georgiana Gray 1126 Russell St</i>			
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Occlusion</i>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>1/2</i> , 19 <i>53</i> , to <i>2/12</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>2/12</i> , 19 <i>53</i> , and that death occurred at <i>9 p</i> m., from the causes and on the date stated above.							
23A. SIGNATURE <i>B M Rhett Sr</i>				23B. ADDRESS <i>2139 Dund Hill a</i>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>2/15/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Arboretum Mem Pl.</i>		24D. LOCATION (City, town, or county) (State) <i>Balto, Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 16 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Charles A. Rice</i>		ADDRESS <i>66 W. Bore St.</i>	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Henry L. (Harry) Allen Sr.

2. DATE
OF
DEATH

Feb. 13/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

838 N. Woodington Rd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto.

D. STREET ADDRESS (If rural, give location)

838 N. Woodington Rd.

c. Length of stay in Baltimore Life

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 27, 1886

9. AGE (In years
last birthday)

66

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Engineer

10B. KIND OF BUSINESS OR
INDUSTRY

C. Hoffberger Co.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George F. Allen

14. MOTHER'S MAIDEN NAME

Mary C. Brooks

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

213-05-8247

17. INFORMANT

ADDRESS

Mary E. Allen, 838 N. Woodington Rd.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cerebral Aneurysm

2-12-53

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Cerebral Sclerosis

1950

(C) DUE TO

Chr. Myocarditis

1948

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 20, 1950, to Feb 13, 1953, that I last saw the
deceased alive on Feb. 13, 1953, and that death occurred at 4:50 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Paul Brown

23B. ADDRESS

3602 Liberty Hgts. Ave.

23C. DATE SIGNED

2-13-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 16, 1953

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1618 1953 Huntington 115-53 Harry A. Witzke 101 Edmondson Ave.

BRITISH ARMY MEDICAL DEPARTMENT
CERTIFICATE OF DEATH

NAME OF THE DECEASED (PRINTED OR WRITTEN)

REGIMENT OR CORPS (PRINTED OR WRITTEN)

DATE OF DEATH (PRINTED OR WRITTEN)

PLACE OF DEATH (PRINTED OR WRITTEN)

NAME OF THE MEDICAL OFFICER (PRINTED OR WRITTEN)

NAME OF THE SURGEON (PRINTED OR WRITTEN)

NAME OF THE ASSISTANT SURGEON (PRINTED OR WRITTEN)

NAME OF THE MEDICAL ATTENDANT (PRINTED OR WRITTEN)

NAME OF THE NURSE (PRINTED OR WRITTEN)

NAME OF THE CHAPLAIN (PRINTED OR WRITTEN)

NAME OF THE CLERK (PRINTED OR WRITTEN)

NAME OF THE BARRACKS (PRINTED OR WRITTEN)

NAME OF THE TOWN (PRINTED OR WRITTEN)

NAME OF THE DISTRICT (PRINTED OR WRITTEN)

NAME OF THE PROVINCE (PRINTED OR WRITTEN)

NAME OF THE COUNTRY (PRINTED OR WRITTEN)

NAME OF THE REGIMENT (PRINTED OR WRITTEN)

NAME OF THE CORPS (PRINTED OR WRITTEN)

NAME OF THE ASSISTANT CORPS (PRINTED OR WRITTEN)

NAME OF THE MEDICAL ATTENDANT (PRINTED OR WRITTEN)

NAME OF THE NURSE (PRINTED OR WRITTEN)

NAME OF THE CHAPLAIN (PRINTED OR WRITTEN)

NAME OF THE CLERK (PRINTED OR WRITTEN)

NAME OF THE BARRACKS (PRINTED OR WRITTEN)

NAME OF THE TOWN (PRINTED OR WRITTEN)

NAME OF THE DISTRICT (PRINTED OR WRITTEN)

NAME OF THE PROVINCE (PRINTED OR WRITTEN)

NAME OF THE COUNTRY (PRINTED OR WRITTEN)

NAME OF THE REGIMENT (PRINTED OR WRITTEN)

NAME OF THE CORPS (PRINTED OR WRITTEN)

NAME OF THE ASSISTANT CORPS (PRINTED OR WRITTEN)

NAME OF THE MEDICAL ATTENDANT (PRINTED OR WRITTEN)

NAME OF THE NURSE (PRINTED OR WRITTEN)

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Harry S. Constance Sr.

2. DATE
OF
DEATH

Feb. 12, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Agnes Hospital

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

119 Osborne Ave. #28

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

10-24-1880

9. AGE (In years last birthday)

72

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

New Amsterdam Casualty Co.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Theodore Constance

14. MOTHER'S MAIDEN NAME

Mary

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Ruth A. Constance, 119 Osborne Ave

18. 442X

CAUSE OF DEATH

Catonsville, Md.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-11, 1953 to 2-12, 1953 that I last saw the deceased alive on 2-12, 1953, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

George Sten

M. D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

2-12-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 16/53

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 16 1953

REGISTRAR'S SIGNATURE

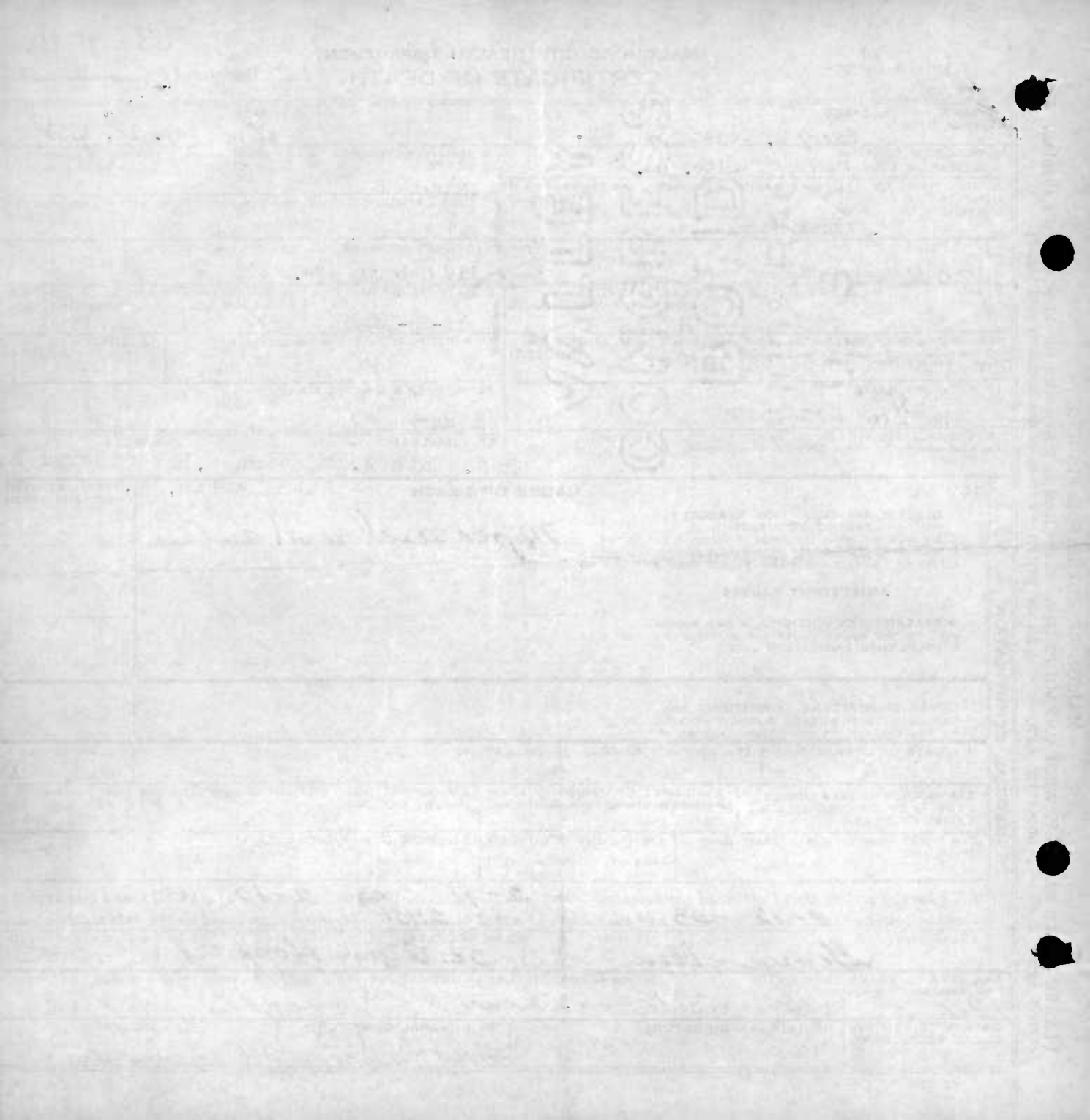
Huntington

25. FUNERAL DIRECTOR

Harry Thistle

ADDRESS

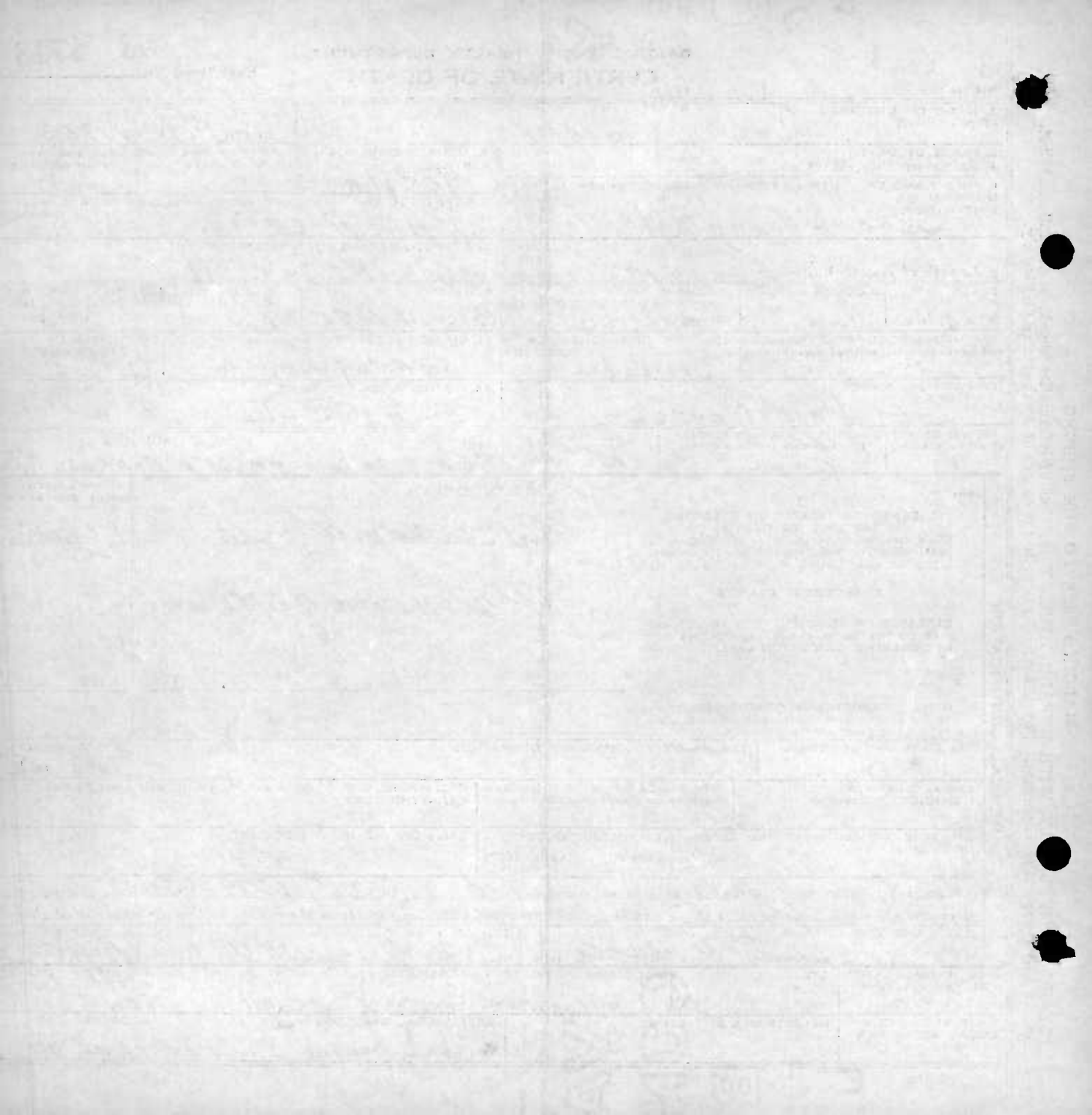
4101 Edmondson Ave.



MARGIN RESERVED FOR BINDING

PLEASE TYPE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 1713		BALTIMORE CITY HEALTH DEPARTMENT		53 1713	
BIRTH NO.		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) JULIA GUMM			2. DATE OF DEATH Feb. 14, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2510 McHENRY St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 20-04		
C. Length of stay in Baltimore 4 yrs.			O. STREET ADDRESS (If rural, give location) 2510 McHENRY St.		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 13, 1870	9. AGE (In years last birthday) 82	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY DOMESTIC	11. BIRTHPLACE (State or foreign country) PENNSYLVANIA		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME GERSHAM NEWELL			14. MOTHER'S MAIDEN NAME EMMA BUTZ		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT ADDRESS MR. JOSEPH L. GUMM 2510 McHENRY ST.		
18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinomatosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Carcinoma of Breast ? DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH Carcinomatosis Carcinoma of Breast ? INTERVAL BETWEEN ONSET AND DEATH 12 months		
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb , 19 52 to Feb 14 , 19 53 , that I last saw the deceased alive on 4/4 , 19 53 , and that death occurred at 6 A. M. , from the causes and on the date stated above.					
23A. SIGNATURE Dorcas P. Alagia M. D.			23B. ADDRESS 3326 Frederick Ave		23C. DATE SIGNED 4/4/53
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE Feb. 21, 1953	24C. NAME OF CEMETERY OR CREMATORY SAYLORSBURG CEMETERY		24D. LOCATION (City, town, or county) (State) SAYLORSBURG, PENN.
DATE RECEIVED BY LOCAL REGISTRAR FEB 16 1953		REGISTRAR'S SIGNATURE Huntington		25. FUNERAL DIRECTOR ADDRESS Geo. L. Schwab 2101 Frederick Ave	



53 1714

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1714
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Annie N. Dayhoff		2. DATE OF DEATH 2/15/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Ind. B. COUNTY 26-07			
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore 38 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 704 S. Oldham St. *24			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH	9. AGE (In years last birthday) 79	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	

18. 422.1 CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) Lobar pneumonia, bilateral		
DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Complete Heart Block		
DUE TO		
(C) Arteriosclerotic C.V. Disease		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 2/12/53 , 19__, to 2/15/53 , 19__, that I last saw the deceased alive on 2/15/53 , 19__, and that death occurred at 1:30 p.m. , from the causes and on the date stated above.		
23A. SIGNATURE George H. Smith	23B. ADDRESS University Hospital, Balt. Md.	23C. DATE SIGNED 2/15/53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Feb 18 1953	24C. NAME OF CEMETERY OR CREMATORY Pine Creek
24D. LOCATION (City, town, or county) (State) New Kent Road and Union Bridge New Kent	25. FUNERAL DIRECTOR J. C. Hayler & Sons	
DATE RECEIVED BY LOCAL REGISTRAR 2/16/53	REGISTRAR'S SIGNATURE Huntington	ADDRESS

53 1715

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1715
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SARAH KOBLINSKY SACHS

2. DATE
OF
DEATH

2/15/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Sinai Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 15-12

D. STREET ADDRESS (If rural, give location)

3522 Park Heights Ave #15

c. Length of stay in Baltimore

40 yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

2/1880

9. AGE (in years
last birthday)

73

H Under 1 Year
Months: DaysH Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Sol Jacob Koblinsky

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Carroll Sachs - 2530 Rogers Building

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Bronchial pneumonia - fatal

DUE TO

ANTECEDENT CAUSES

(B)

ASCVD

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 2-14 1953, that I last saw the
deceased alive on 2-15, 1953, and that death occurred at 7:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Coron H. D. Hare

M. D.

23B. ADDRESS

Sinai Hosp.

23C. DATE SIGNED

2/15/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2/17/53

24C. NAME OF CEMETERY OR CREMATORY

Beth Jacob

24D. LOCATION (City, town, or county) (State)

Baltimore Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

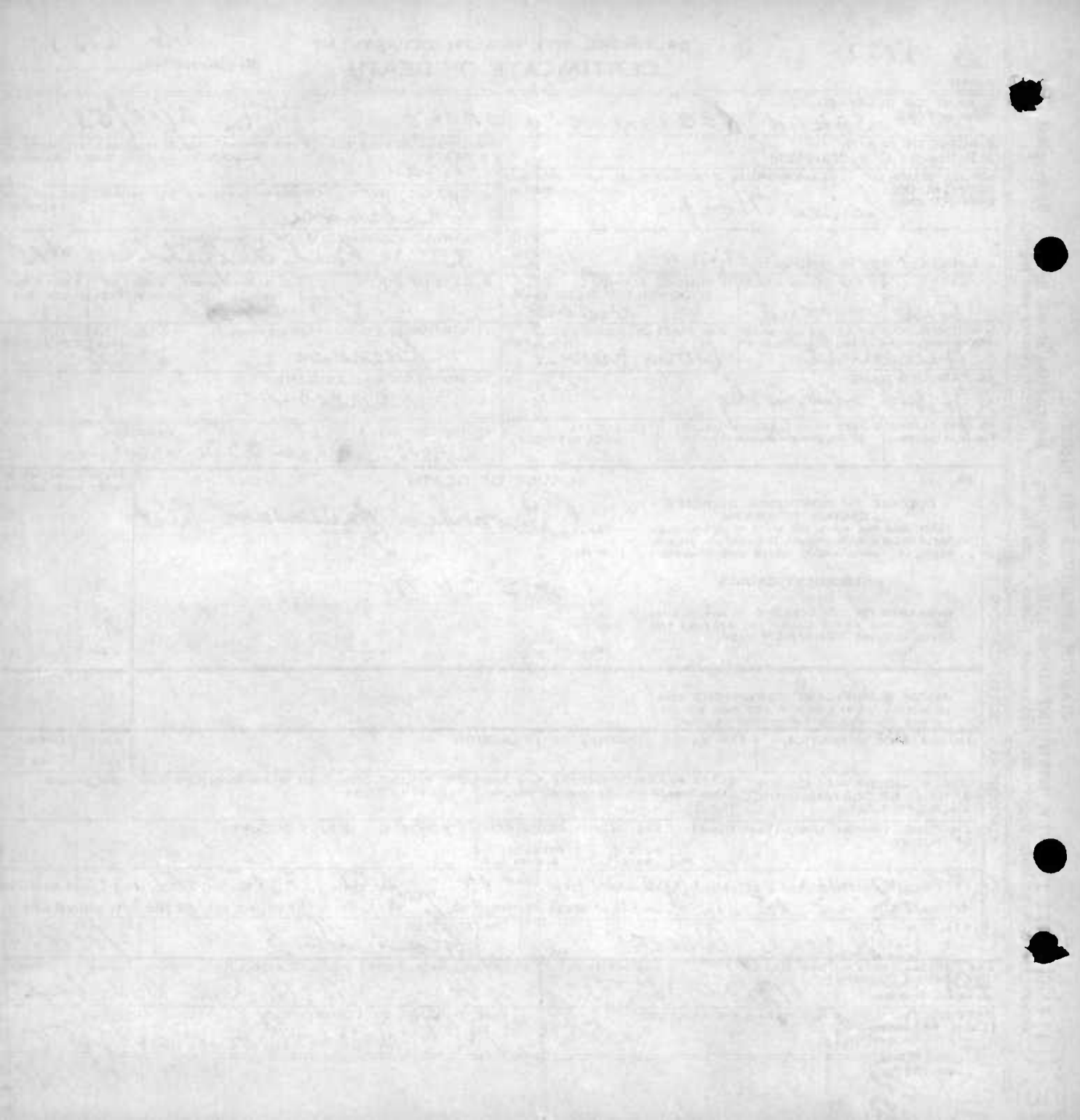
H. D. Hare

25. FUNERAL DIRECTOR

Sol. Herndon - Broz - 1124 26 W.

ADDRESS

North Avenue



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1716

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jacob Kirsh

2. DATE
OF
DEATH

February 15/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

2819 Quantico ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 4-02

D. STREET ADDRESS (If rural, give location)

612 W Baltimore st

c. Length of stay in Baltimore

5544

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

1875

9. AGE (in years last birthday)

78

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Merchant Tailoring

10B. KIND OF BUSINESS OR INDUSTRY

Tailoring

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Meyer Kirsh

14. MOTHER'S MAIDEN NAME

Gittel ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS 3001

Dr. Milton B. Kirsh Garrison Blvd

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) acute myocardial infarction

DUE TO

coronary atherosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

coronary insufficiency

DUE TO

(C)

Sudden

25 yrs.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1929, to 7/15, 1953, that I last saw the deceased alive on 7/14, 1953, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Milton B. Kirsh

M. D.

23B. ADDRESS

1328 E. Euterpe Pl

23C. DATE SIGNED

7/15/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb-16/53

24C. NAME OF CEMETERY OR CREMATORY

Mickler-Kodosh Cemetery Herring Run Balto Md

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington 5/13/50

25. FUNERAL DIRECTOR

Sol. J. Harrison & Sons

ADDRESS 1126 W

North ave

FEB 18 1953

VS 150

53 1717

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1717

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Annette

Payne

2. DATE
OF
DEATH

Feb. 12, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
location)HOSPITAL OR
INSTITUTION

604 E. Madison St

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

604 E. Madison St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 17, 1907

9. AGE (in years
last birthday)

46

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

South Carolina

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Beron Blandshall

14. MOTHER'S MAIDEN NAME

Ella Scott

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

M's Elsie Williams 608 N. Gay St.

18. 490X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

Lobar Pneumonia
Acute MyocarditisINTERVAL BETWEEN
ONSET AND DEATH

1 week

1 day

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 9, 1953, to Feb 12, 1953, that I last saw the
deceased alive on Feb 12, 1953, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Wm. L. Roy Berry

M. O.

23B. ADDRESS

1420 E. Chase

23C. DATE SIGNED

2.13.53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-17-53

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Florence, South Carolina

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 16 1953

Huntington 4513.00

Mrs. Frances A. Hensley Biddle

Dear Sir,
I have the honor to
acknowledge the receipt of
your letter of the 14th inst.

and in reply to inform you
that the same has been
forwarded to the proper
authorities for their
consideration.

MAF / 167694

53 1718

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1718
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mildred Mary May

2. DATE
OF
DEATH

2-13-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

37 S. Carey St.

c. Length of stay in Baltimore

37 yrs.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 21, 1916

9. AGE (In years
last birthday)

37

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H. W.

10B. KIND OF BUSINESS OR
INDUSTRY

HOME

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Elmer Swartz

14. MOTHER'S MAIDEN NAME

Mary Petticord

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL
SECURITY NO.

219-169855

17. INFORMANT ADDRESS
Records: Baltimore City Hospitals
4940 Eastern Ave.

18. 171X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cancer of Cervix with Metastasis to
DUE TO Spine, Liver, Lung

3 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Pyelonephritis Secondary To Metastasis
DUE TO to Bladder and Ureters

1 - 3 yrs.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-11, 1953, to 2-13, 1953, that I last saw the
deceased alive on 2-13, 1953, and that death occurred at 6:30p.m., from the causes and on the date stated above.

23A. SIGNATURE

H. C. Johnson

23B. ADDRESS

4940 Eastern Ave. Balto. Md.

23C. DATE SIGNED

2-13-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2/17/53

24C. NAME OF CEMETERY OR CREMATORY

BALTIMORE NATIONAL

24D. LOCATION (City, town, or county)

Frederick Ave. Back Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Thomas J. Kenny Inc. 1600 Hollins St

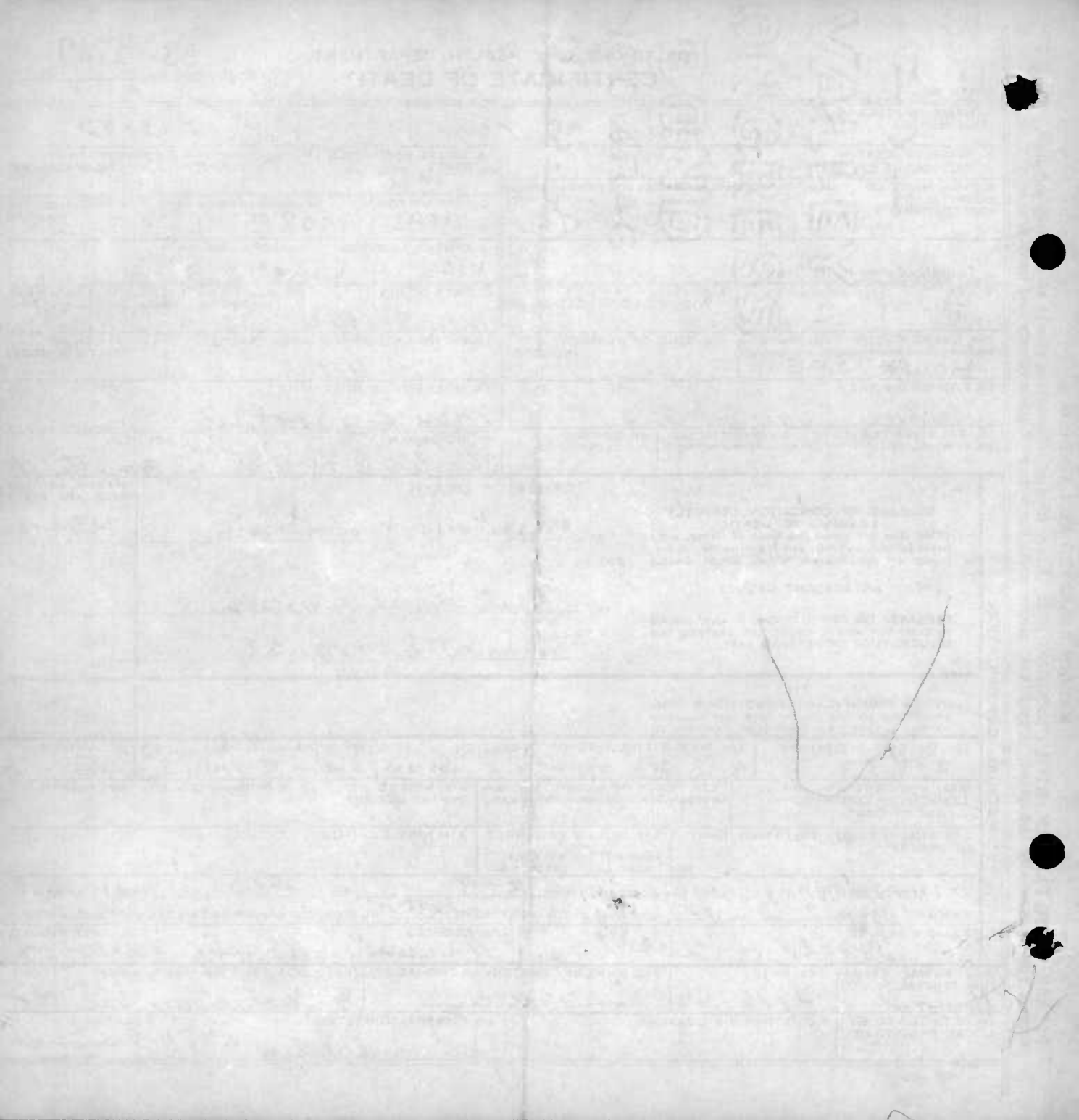
W H

W H

2/11/23

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 171953 1719
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Mary Moses</u>			2. DATE OF DEATH <u>2-13-53</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MD.</u> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>UNIVERSITY HOSPITAL</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALTIMORE</u> <u>19-01</u>		
D. STREET ADDRESS (If rural, give location) <u>1706 W. Fayette St.</u>			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX <u>F</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>May 9-1922</u>		9. AGE (In years last birthday) <u>30</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>VA</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>Henry Clayborne</u>			14. MOTHER'S MAIDEN NAME <u>Maud Booker</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <u>Charles E. Moses, 1706 W. Fayette St.</u>		
18. <u>550.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Mesenteric thrombosis</u> DUE TO (A)			INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Appendiceal abscess</u> DUE TO (B) <u>Perforated appendix</u> DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>2-7-53</u>		19B. MAJOR FINDINGS OF OPERATION <u>Perforated appendix & abscess, gangrenous terminal ileum & obstruction</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>2-7</u> , 19 <u>53</u> , to <u>2-13</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>2-13</u> , 19 <u>53</u> , and that death occurred at <u>1245 Pm.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Donald A. Wolfel</u>			23B. ADDRESS <u>University Hospital</u>		23C. DATE SIGNED <u>2-13-53</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>2/16/53</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Green Hill Cem</u>	24D. LOCATION (City, town, or county) (State) <u>Gloucester. Va</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>Huntington</u>		REGISTRAR'S SIGNATURE <u>James A. Hayes</u>		25. FUNERAL DIRECTOR ADDRESS <u>6384. Pulaski St</u>	



53 1720

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 1720

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edward A. Bersin

2. DATE
OF
DEATH

2-13-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

2106 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

City

D. STREET ADDRESS (If rural, give location)

2823 Elliott St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

June 28, 1901

9. AGE (in years
last birthday)

51

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Longshoreman

10B. KIND OF BUSINESS OR
INDUSTRY

Ships

11. BIRTHPLACE (State or foreign country)

Latvia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

086-14-6998 Tennie Geize 2823 Elliott St.

17. INFORMANT

ADDRESS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary thrombosis

2

DUE TO Auricular fibrillation

7 weeks

ANTECEDENT CAUSES

(B) Arteriosclerosis

2

DUE TO Malignant essential hypertension

7 weeks

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Chronic nephritis

7 weeks

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 18, 1952 to February 7, 1953 that I last saw the
deceased alive on 2-7-53, 19, and that death occurred at 11:40 A.M., from the causes and on the date stated above.

23A. SIGNATURE

R. B. Moushas

I. B. BRONUSIAS, M.D.

23B. ADDRESS

3037 6th Donnell St.

23C. DATE SIGNED

2-13-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 16, 1953

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart

24D. LOCATION (City, town, or county)

Balto. Co.

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

ADDRESS

Wm. S. Fialkowski 2007 Eastern Ave

FEB 16 1953

VS 150

94055

MARGIN RESERVED FOR BINDING

PLEASE TYPE PLAINLY, WITH UNFADING INK. Every item of information should be legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

10 1530

STATE OF NEW YORK
CERTIFICATE OF DEATH

County of _____

Decd. _____

Age _____

Sex _____

Place of Birth _____

Married _____

Signature _____

Signature _____

Signature _____

Signature _____

Signature _____

Signature _____

Signature _____

Signature _____

Signature _____

Signature _____

Signature _____

Signature _____

Signature _____

Signature _____

Signature _____

Signature _____

Signature _____

Signature _____

Signature _____

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1721

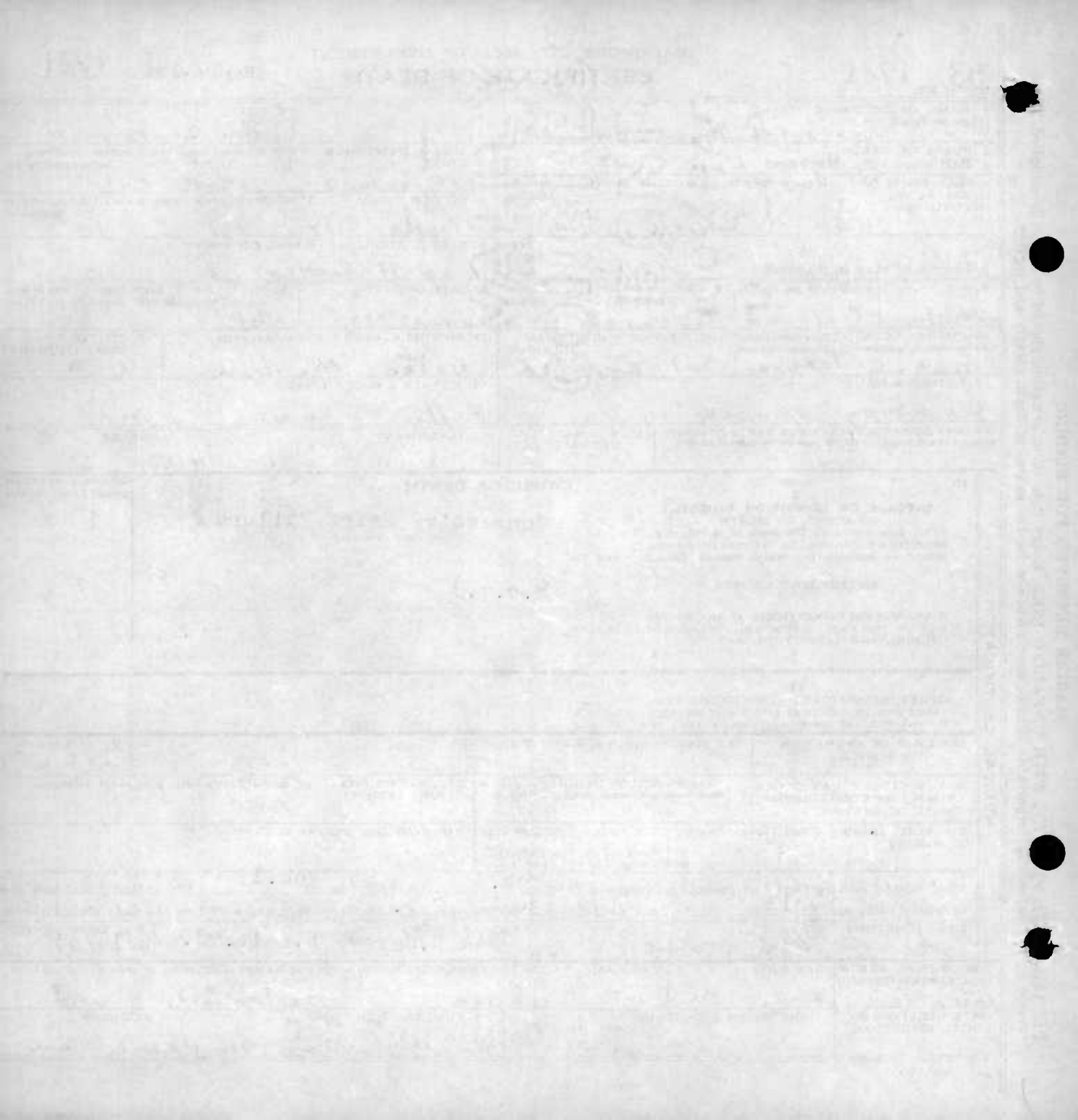
53 1721
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Randolph Newton Moore</u>			2. DATE OF DEATH <u>2-13-53</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Balto. City</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Balto. City</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>1120 N. Carey St.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto. City</u> <u>16-02</u>		
C. Length of stay in Baltimore <u>Life</u>			D. STREET ADDRESS (If rural, give location) <u>1120 N. Carey St.</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Aug. 28 1891</u>		9. AGE (in years last birthday) <u>61</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mus. Teacher</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Self employed</u>		11. BIRTHPLACE (State or foreign country) <u>Balto. Maryland</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13. FATHER'S NAME <u>Charles Moore Va.</u>		
14. MOTHER'S MAIDEN NAME <u>Nellie Semore Md</u>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <u>Mrs Alice Lee, 1120 N. Carey St.</u>		

18. <u>443X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Congestive Heart Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 Mo</u>
DUE TO (A) <u>h.c.v.d</u>		?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) <u>X</u>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>None</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Feb. 3</u> , 19 <u>53</u> , to <u>Feb. 13</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Feb 12</u> , 19 <u>53</u> , and that death occurred at <u>2 P.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>George McDonald</u>		23B. ADDRESS <u>844 N. Carey St. Balt. Md.</u>		23C. DATE SIGNED <u>2/16/53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>2-17-53</u>		24C. NAME OF CEMETERY OR CREMATORY <u>MT Auburn</u>	
24D. LOCATION (City, town, or county) (State) <u>Balto. City Md.</u>		25. FUNERAL DIRECTOR ADDRESS <u>Wm. A. Jackson 916 Penna. Ave.</u>			

2578V



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 1722

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1722
Registered No.

1. NAME OF DECEASED (Type or Print)		Mr. Harry Karloff		2. DATE OF DEATH 2-15-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Levindale		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-84			
C. Length of stay in Baltimore 50 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 113 No Wolfe St			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 1885	9. AGE (in years, last birthday) 68	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Russia	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME not known		14. MOTHER'S MAIDEN NAME not known	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Albert Karloff	
18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH four hours	
ANTECEDENT CAUSES		(A) DUE TO Arteriosclerotic Heart Disease		years	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO General Arteriosclerosis		years	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-24, 1952, to 2-15, 1953, that I last saw the deceased alive on 2-15, 1953, and that death occurred at 4:25 p. m., from the causes and on the date stated above.					
23A. SIGNATURE Sgoniowski		23B. ADDRESS Levindale Home		23C. DATE SIGNED 2-15-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2-16-53		24C. NAME OF CEMETERY OR CREMATORY Losedale	
24D. LOCATION (City, town, or county) Baltimore Md		24E. FUNERAL DIRECTOR Jack Lewis		24F. ADDRESS 2100 Eutaw Pl	
DATE RECEIVED BY LOCAL REGISTRAR FEB 16 1953		REGISTRAR'S SIGNATURE H. H. H. H. H.		FUNDING DIRECTOR Jack Lewis	

WATLEY
CONGRESS
BOND

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 1723

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) ANNA J. CORRIGAN			2. DATE OF DEATH FEB 15 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Med. Dept 3			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____		
5. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-04		
7. c. Length of stay in Baltimore 23			8. STREET ADDRESS (If rural, give location) 416 N. Chapel St		
9. SEX female	10. COLOR OR RACE white	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) w.	12. DATE OF BIRTH 8-13-93		13. AGE (In years last birthday) 59
14. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home			15. BIRTHPLACE (State or foreign country) Md		16. CITIZEN OF WHAT COUNTRY? _____
17. FATHER'S NAME Don't Know			18. MOTHER'S MAIDEN NAME Don't Know		
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____			20. SOCIAL SECURITY NO. _____		21. INFORMANT JOHNS HOPKINS HOSPITAL
22. ADDRESS _____			23. ADDRESS _____		

1B. 434.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) KYPHOSCOLIOSIS, SEVERE			INTERVAL BETWEEN ONSET AND DEATH MANY YEARS		
2. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. WITH KYPHOSCOLIOTIC HEART DISEASE			3. DUE TO DISEASE		
4. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. BRONCHITIS, ACUTE			5. INTERVAL BETWEEN ONSET AND DEATH 1 WK.		
19A. DATE OF OPERATION 2/18/53			19B. MAJOR FINDINGS OF OPERATION _____		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from 2-12- , 19 53 to 2-15- , 19 53 that I last saw the deceased alive on 2-15- , 19 53 and that death occurred at 4:10 m., from the causes and on the date stated above.					
23A. SIGNATURE G. H. Owens Jr.			23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED _____
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/18/53		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
24D. LOCATION (City, town, or county) (State) 7 2 2		25. FUNERAL DIRECTOR Walter L. of Home 2004 Orleans			
DATE RECEIVED BY LOCAL REGISTRAR _____		REGISTRAR'S SIGNATURE Huntington 1553		ADDRESS _____	

From J. G. G. G. G.

From J. G. G. G.

From J. G. G. G.

From J. G. G. G.

RECEIVED

VIA

RECEIVED

VIA

RECEIVED

VIA

RECEIVED

VIA

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-362
53 1724

X 53 1724

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Elizabeth Peterson

2. DATE OF DEATH

FEB 15 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Med. Del 3*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Bundalk

22 5353

D. STREET ADDRESS (If rural, give location)

Box 24 Maryland Ave

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years last birthday)

If Under 1 Year

If Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. *151X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

PYLORIC OBSTRUCTION

1 MONTH

DUE TO

UNKNOWN CAUSE, PROBABLY

ANTECEDENT CAUSES

(B)

CARCINOMA OF STOMACH

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CEREBRO-VASCULAR ACCIDENT

6 MOS.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *2-9-*, 19*53*, to *2-16-*, 19*53*, that I last saw the deceased alive on *2-16-*, 19*53*, and that death occurred at *4:01 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

A. N. Clemons, Jr.

JOHNS HOPKINS HOSPITAL

2/15/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Feb 18/53

Oak Lawn

Balls

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 16 1953

Huntington 18/53

Wells Funeral Home 2004 Orleans

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1725
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Leon Mitchell

2. DATE
OF
DEATH

2-15-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE

Hopkins

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

9-09

D. STREET ADDRESS (If rural, give location)

1401 Central Avenue

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

August 15, 1921

9. AGE (In years last birthday)

31

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR INDUSTRY

Farm

13. FATHER'S NAME

Franklin Jackson

14. MOTHER'S MAIDEN NAME

Viola Mitchell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

yes

16. SOCIAL SECURITY NO.

unknown

17. INFORMANT

ADDRESS

Mrs. Viola White, 420 East 6th St.

18. 222.0

CAUSE OF DEATH

Wilmington, Del.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Acute Abolism

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

William V. Smith

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

2-15-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/18-53

24C. NAME OF CEMETERY OR CREMATORY

Rhodesdale

24D. LOCATION (City, town, or county)

Rhodesdale Md.

DATE RECEIVED BY LOCAL REGISTRAR

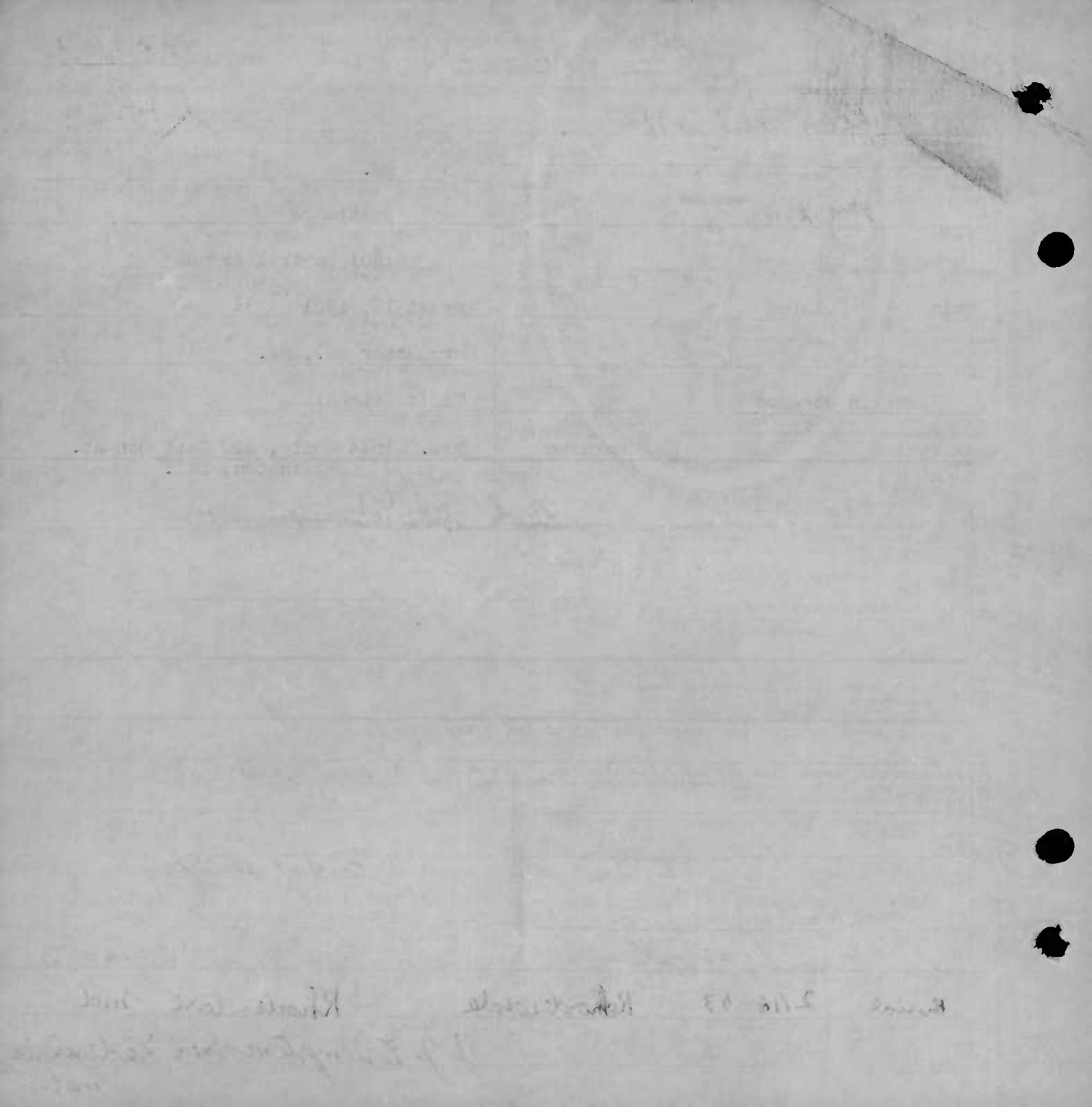
REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

ADDRESS

J. J. Frampton der Federlesky



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 1726

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY G. SCRIBNER

2. DATE
OF
DEATH

2/14/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

3537 Everhart St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

13-08

D. STREET ADDRESS (If rural, give location)

3537 Everhart St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

6/17/72

9. AGE (In years
last birthday)

80

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Charles E. Scribner 3537 Everhart St.

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) ...

Cerebral Hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ...

Hypertension

(C) ...

Atherosclerosis

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/2, 1953, to 2/2, 1953, that I last saw the
deceased alive on 2/2, 1953, and that death occurred at 100 m., from the causes and on the date stated above.

23A. SIGNATURE

A. W. Davis

23B. ADDRESS

2302 Humboldt Ave

23C. DATE SIGNED

2/26/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2/17/53

24C. NAME OF CEMETERY OR CREMATORY

St. Marys

24D. LOCATION (City, town, or county)

Hampden

(State)

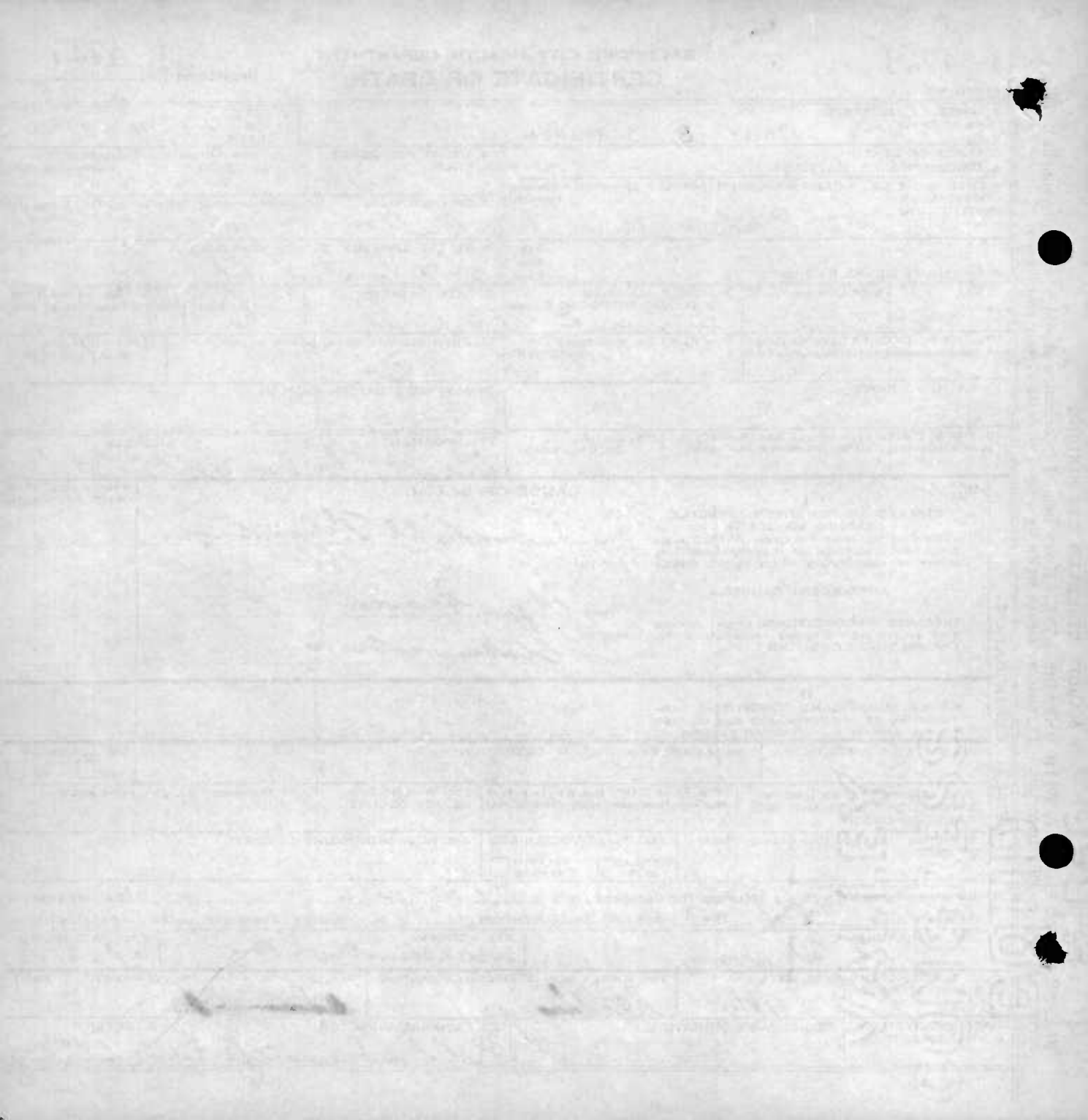
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Paul C. C. Knowlton 3615-17 6th Street



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 1727
Registered No. _____

53 1727
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Rachel Ann Boston</i>			2. DATE OF DEATH <i>2-14-53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>16-03</i>		
5. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution location) <i>634 N. Gilmer St</i>			6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>		
7. Length of stay in Baltimore <i>70 yrs</i>			8. STREET ADDRESS (If rural, give location) <i>634 N. Gilmer St</i>		
9. SEX <i>F</i>	10. COLOR OR RACE <i>C</i>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>	12. DATE OF BIRTH <i>June 1866</i>		13. AGE (in years last birthday) <i>86</i>
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>			15. KIND OF BUSINESS OR INDUSTRY <i>At home</i>		
16. FATHER'S NAME <i>John W. Bates</i>			17. BIRTHPLACE (State or foreign country) <i>Annapolis Md</i>		
18. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			19. SOCIAL SECURITY NO.		
20. MOTHER'S MAIDEN NAME <i>Sarah Johnson</i>			21. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		
22. ESTELLE FIELDS - 1225 BENTLEY			23. ADDRESS		

18. <i>480X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Lobar Pneumonia</i> (A) DUE TO <i>Pneumonia</i> (B) DUE TO <i>Pneumonia</i> (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>Two weeks or there about</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		

19. DATE OF OPERATION <i>0</i>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1/24/53</i> , 19 <i>53</i> , to <i>2/11/53</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>2/11/53</i> , and that death occurred at <i>12:45</i> p.m. from the causes and on the date stated above.					
23a. SIGNATURE <i>W. S. Barkis</i>		23b. ADDRESS <i>534 N. Carroll St</i>		23c. DATE SIGNED <i>2/14/53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>2-17-52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn Ceme</i>	
24d. LOCATION (City, town, or county) (State) <i>Balto - Md</i>		24e. DATE RECEIVED BY LOCAL REGISTRAR		24f. REGISTRAR'S SIGNATURE <i>Huntington</i>	
24g. FUNERAL DIRECTOR <i>Samuel W. Sullivan, Jr</i>		24h. ADDRESS <i>1011 N. Arlington Ave</i>		24i. DATE RECEIVED BY LOCAL REGISTRAR	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1728
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frederick J. Cook SR

2. DATE
OF
DEATH

Feb. 13, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE Md. B. COUNTY Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 24

D. STREET ADDRESS (If rural, give location)

2404 E Fayette St

E. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

8-31-09

9. AGE (In years,

last birthday)

43

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Chauffeur

10B. KIND OF BUSINESS OR
INDUSTRY

Business

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Fred C. Cook

14. MOTHER'S MAIDEN NAME

Martina Buplein

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

212-01-5761

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 581.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Laennec's Cirrhosis

INTERVAL BETWEEN
ONSET AND DEATH

11 yrs.

ANTECEDENT CAUSES

DUE TO

(B)

Chronic Alcoholism

? 15 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-10-1953 to 2-13-1953 that I last saw the
deceased alive on 2-13-1953 and that death occurred at 9:50 P.M. from the causes and on the date stated above.

23A. SIGNATURE

Richard W. Preen

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

Feb 16/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb 16/53

24C. NAME OF CEMETERY OR CREMATORY

St Matthews Cem. Baltimore

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Philip Henwig Son, 2024 Orleans

ADDRESS

2024 Orleans

STATE OF NEW YORK
CERTIFICATE OF DEATH

Name of Deceased		Date of Death	
Place of Birth		Place of Death	
Cause of Death		Manner of Death	
Age at Death		Sex	
Race		Religion	
Marital Status		Occupation	
Signature of Physician		Signature of Registrar	
Date of Certificate		Place of Issuance	



W-123
53 1729

BALTIMORE CITY HEALTH DEPARTMENT
LEF- CERTIFICATE OF DEATH

Registered No. 53 1729

BIRTH NO.

1. NAME OF DECEASED (Type or Print) **ARTIE WEBSTER**

2. DATE OF DEATH **2-14-53**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
703 S. Wolfe St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
703 S. Wolfe St.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE **MD** B. COUNTY **2-03**

5. SEX **M** 6. COLOR OR RACE **W** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **Sept 23/84** 9. AGE (In years last birthday) **68**

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired Night Watchman

10B. KIND OF BUSINESS OR INDUSTRY **Security Industry**

11. BIRTHPLACE (State or foreign country) **MD**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME **John Webster**

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT **Allen W. Webster** ADDRESS **3605 Elmora**

18. **420.0** CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Arteriosclerotic
DUE TO
ANTECEDENT CAUSES
Heart Disease
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
none

19A. DATE OF OPERATION **none** 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Home**

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inquiry & Inspection** from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE **Francis J. Januszewski** M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED **2-14-53**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24B. DATE **2/18/53**

24C. NAME OF CEMETERY OR CREMATORY **Balto Cem**

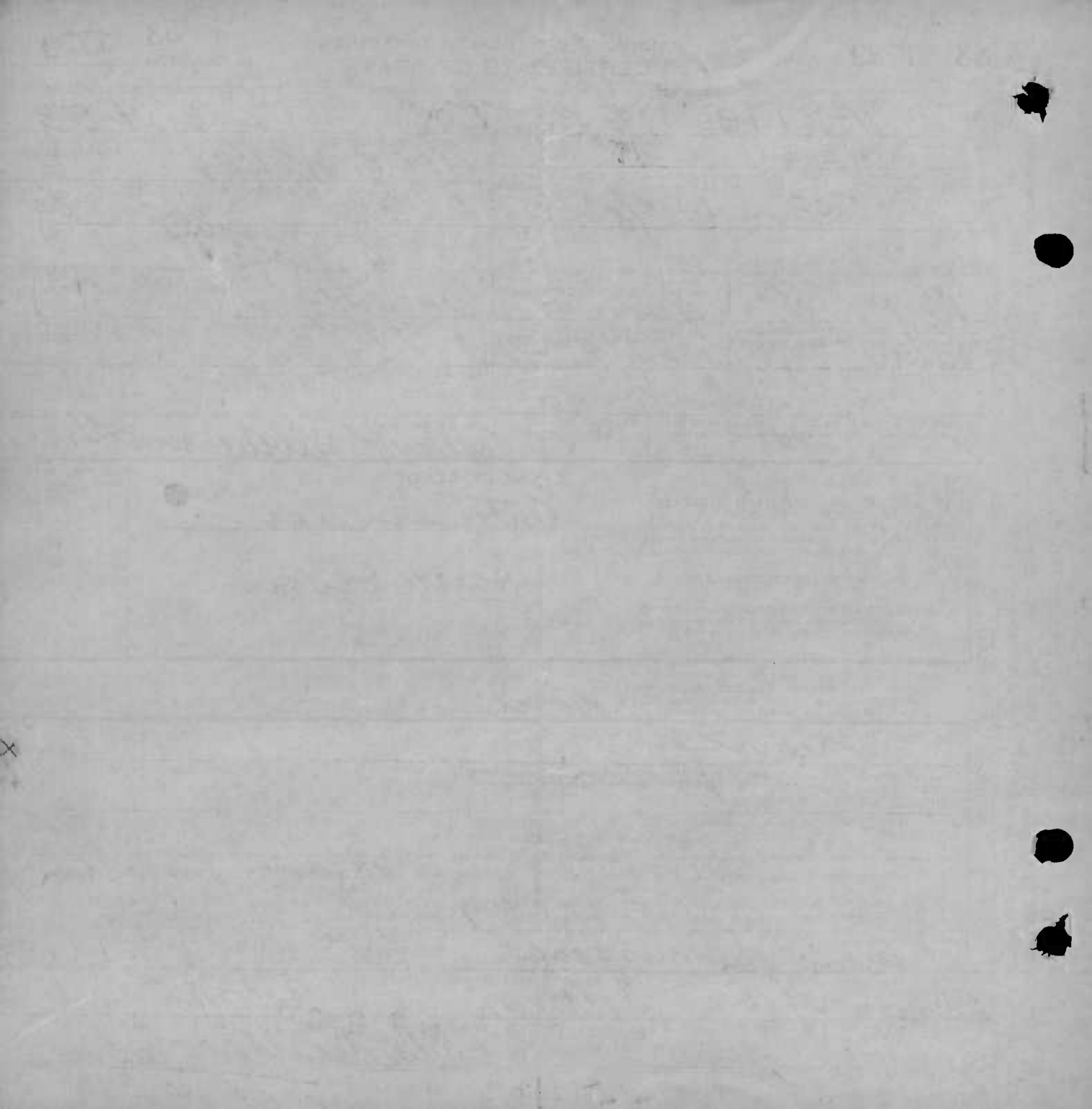
24D. LOCATION (City, town, or county) (State) **Baltimore**

DATE RECEIVED BY LOCAL REGISTRAR **FEB 16 1953**

REGISTRAR'S SIGNATURE **Huntington**

25. FUNERAL DIRECTOR **Philip Herwig Sons** ADDRESS **Calverton**

V S 151 76342



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 1730
Registered No.

432
53 1730
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mary Jane Kultz</i>		2. DATE OF DEATH <i>Feb-13-1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Med Dept</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 5-01</i>	
C. Length of stay in Baltimore <i>2 Weeks</i>		D. STREET ADDRESS (If rural, give location) <i>16 N. Eden St</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>1883</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>	9. AGE (in years last birthday) <i>70</i>
13. FATHER'S NAME <i>Unknown</i>		11. BIRTHPLACE (State or foreign country) <i>Charles Co. Md.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Anna Thomas</i>	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. <i>465x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Brain Abscess</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>
DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Lung Abscess</i>		<i>7 days</i>
DUE TO		
<i>Pulmonary Infection</i>		<i>15 days</i>
DUE TO		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>2/17/53</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
---	---	----------------------------

22. I hereby certify that I attended the deceased from *1-30*, 19*53*, to *2-13*, 19*53*, that I last saw the deceased alive on *2-13*, 19*53*, and that death occurred at *8:00 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE <i>William W. Seal</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>2-13-53</i>
--	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>2/17/1953</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt Calvary Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Brooklyn Md.</i>
--	-------------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 16 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington</i>	25. FUNERAL DIRECTOR <i>W. Wilson</i>	ADDRESS <i>1100 Brantly av</i>
--	--	--	-----------------------------------

7208A

MARGIN RESERVED FOR BINDING

PLEASE PRINT FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

STATE OF TEXAS
COUNTY OF DALLAS

1907

1907

1907

1907

1907

1907

1907

1907

1907

1907

1907

1907

1907

1907

1907

1907

1907

1907

1907

1907

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 1731

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Odessa Hughes</i>		2. DATE OF DEATH <i>Feb. 13-1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Med. Cpl &</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 7-05</i>	
C. Length of stay in Baltimore <i>35 Yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>1603 Thillman St</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>3-11-07</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	
13. FATHER'S NAME <i>Joseph Willisom</i>		14. MOTHER'S MAIDEN NAME <i>Percilla Beal</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. _____	
11. BIRTHPLACE (State or foreign country) <i>Wilson N.C.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS _____	

18. <i>443X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Anemia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>7 days</i>
DUE TO (A) _____		
DUE TO (B) <i>Hypertensive Cardis. Vas. Dis.</i>		
DUE TO (C) _____		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>2-8-53</i> , to <i>2-13-53</i> , that I last saw the deceased alive on <i>2-13-53</i> , and that death occurred at <i>8:00</i> a. m., from the causes and on the date stated above.		
23A. SIGNATURE <i>Frederick W. Dill</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>2-14-53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>2/16/1953</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt Calvary Cem.</i>
24D. LOCATION (City, town, or county) (State) <i>Brooklyn Md.</i>	25. FUNERAL DIRECTOR <i>Elmer A. Wilson 1000 Bently Rd</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 16 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington</i>	ADDRESS _____

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Place of death		6. Cause of death	
7. Signature of physician		8. Signature of informant		9. Signature of registrar	
10. Date of registration		11. Place of registration		12. Signature of registrar	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1732
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LENA HELLDORFER

2. DATE
OF DEATH February 14, 19533. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, if institution; residence
A. STATE Maryland B. COUNTY before admission)B. FULL NAME OF
HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1031 Wilmot Court

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BaltimoreC. Length of stay in Baltimore
Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)

1031 Wilmot Court

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

February 8, 1878

9. AGE (In years
last birthday)

75

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Boston, Massachusetts

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry Hisgen

14. MOTHER'S MAIDEN NAME

Lena Horn

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Emily Holland, 1031 Wilmot Court

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 3, 1953, to Feb. 14, 1953, that I last saw the
deceased alive on Feb. 14, 1953, and that death occurred at 4 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

2/17/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1217 St. Paul Street

FEB 16 1953

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Jan-1493
118 mid Sunset

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 1733

53 1733
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Woodley C. Pyle</i>			2. DATE OF DEATH <i>2/14/53 5⁴⁵ PM</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>12-01</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>3908 Green Mount Ave</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. 12</i>		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>3908 Green Mount Ave</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>8/31/1876</i>	9. AGE (In years last birthday) <i>76</i>	If Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Proprietor</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Grocery</i>		
11. BIRTHPLACE (State or foreign country) <i>Chestnut Hill Harford Co. Md.</i>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>Amos Pyle</i>			14. MOTHER'S MAIDEN NAME <i>Mary Ward</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Wm Pyle</i>			ADDRESS <i>2921 Montebello Terrace</i>		

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Acute Coronary Occlusion</i> DUE TO <i>arteriosclerotic cardiovascular disease</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH <i>6 Hrs</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Feb. 10</i> , 19 <i>53</i> , to <i>Feb. 14</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>Feb. 14</i> , 19 <i>53</i> , and that death occurred at <i>5:45 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Lloyd E. Taylor</i>		M. D. <i>3902 Greenmount</i>		23C. DATE SIGNED <i>Feb. 16 '53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>2/18/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Presbyterian Church</i>	
24D. LOCATION (City, town, or county) (State) <i>Churchville Md.</i>		24E. FUNERAL DIRECTOR <i>Wm Cook Inc.</i>		ADDRESS <i>1217 St. Paul St.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 16 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington</i>			

STATE OF NEW YORK DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Registration No.

Date of Birth _____		Date of Death _____	
Sex _____		Race _____	
Usual Residence _____		Place of Death _____	
Name of Deceased _____		Name of Informant _____	
Signature of Informant _____		Signature of Registrar _____	
Date of Report _____		Date of Filing _____	
Cause of Death _____		Manner of Death _____	
Physician's Signature _____		Medical Examiner's Signature _____	
Hospital or Institution _____		City or Town _____	
County _____		State _____	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mr. George R. Carr

2. DATE
OF
DEATH

Feb. 13, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

Bon Secours Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Dundalk 22

D. STREET ADDRESS (If rural, give location)

3425 Logan View Drive

C. Length of stay in Baltimore

?

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

5-12-95

9. AGE (In years
last birthday)

57

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

retired meat cutter

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles T. Carr

14. MOTHER'S MAIDEN NAME

Annie Iglehart

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Robert V. Carr 3148 Baybriar Rd.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral hemorrhage.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive cardiovascular disease.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 12, 1953, to Feb. 13, 1953, that I last saw the
deceased alive on Feb. 13, 1953, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-16-53

24C. NAME OF CEMETERY OR CREMATORY

Emery Chapel

24D. LOCATION (City, town, or county)

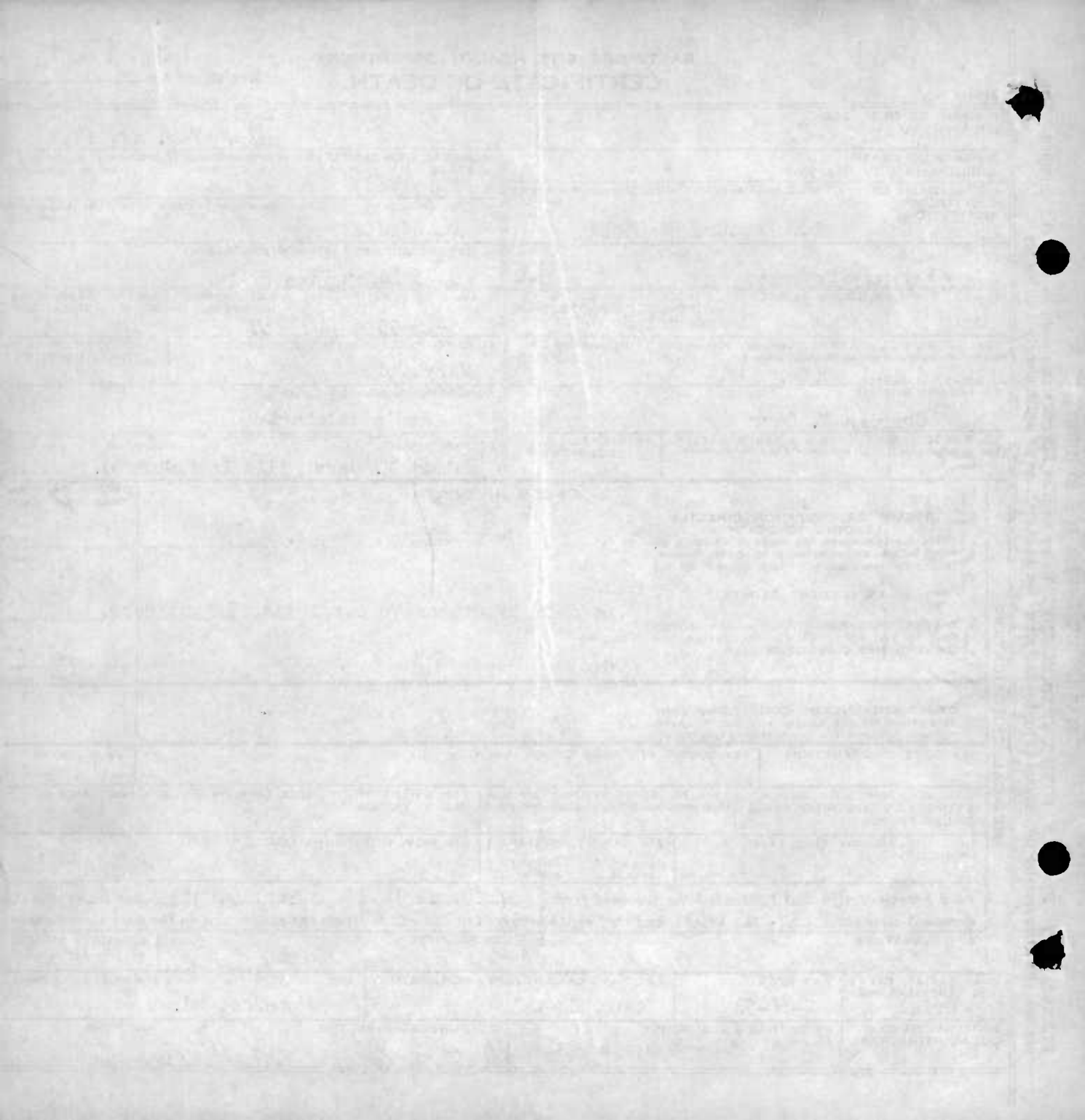
Upperco, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 1735

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

GEORGE B. TULL

2. DATE OF DEATH **February 13, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE **Maryland** B. COUNTY _____

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1036 Poplar Grove Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1036 Poplar Grove Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 5, 1876

9. AGE (In years last birthday)

76

If Under 1 Year Months: Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Stationary Engineer

10B. KIND OF BUSINESS OR INDUSTRY

Laundry

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George B. Tull

14. MOTHER'S MAIDEN NAME

Laura T. R

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
George B. Tull 2939 Presbury St.

18. **422.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Arteriosclerotic cardiovascular disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____

DUE TO

(C) _____

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. Cook

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☒
M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Feb. 13, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-16-53

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill

24D. LOCATION (City, town, or county) (State)

Ritchie Highway, A.A.CO.Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

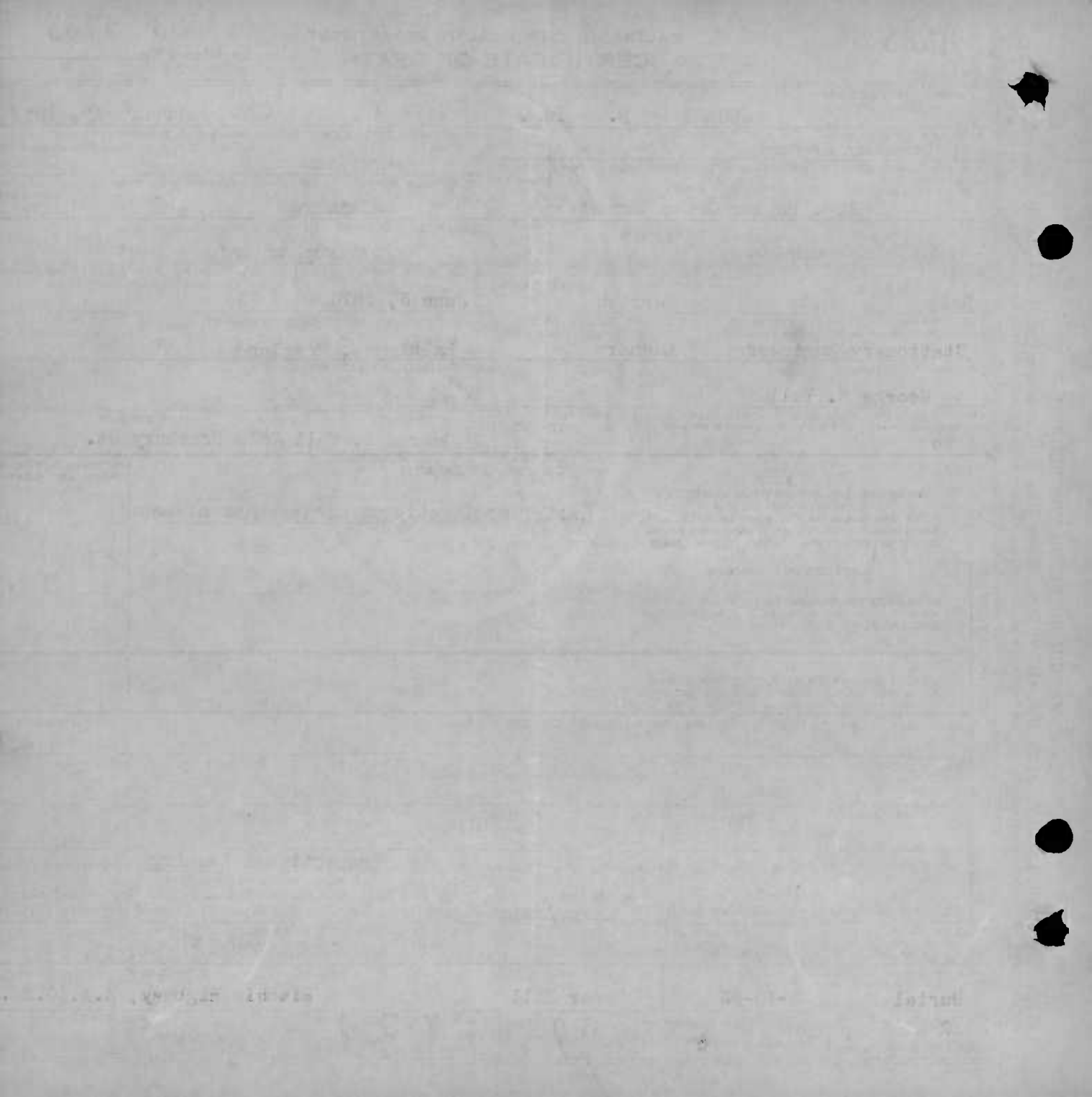
ADDRESS

Wm Cook Inc. 1217 St. Paul St.

V S 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1736

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Lula Strobel

2. DATE
OF DEATH February 13, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTY before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1021 N. Luzerne Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1021 N. Luzerne Avenue

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

June 26, 1889

9. AGE (In years last birthday)

63

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Rudolph Tostman

14. MOTHER'S MAIDEN NAME

Chrissi Neilson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Charles Scheidegger, 3317 Elmora Avenue

18. 415X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) OUE TO

Myocardial infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) OUE TO

Pneumonia

5 years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Cholelithiasis

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, to Feb, 1953, that I last saw the deceased alive on Feb 2, 1953, and that death occurred at 7 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

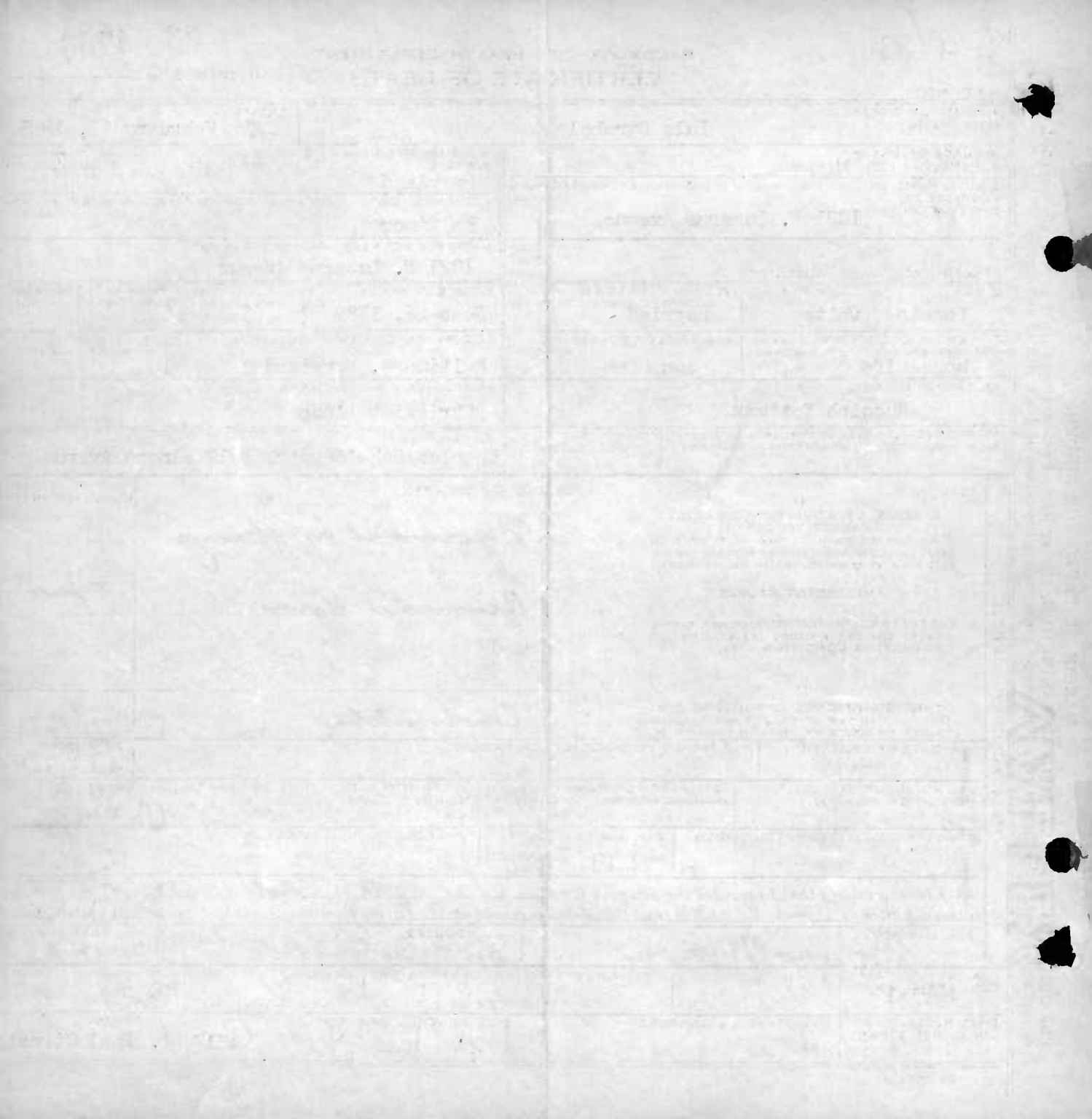
ADDRESS

FEB 16 1953

H. J. H. 1915-3

Wm. Cook, Inc.

1217 St. Paul Street



AB-1653750

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1737
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Henrietta Klingenstein (Klingenstein)

2. DATE
OF
DEATH

Feb. 14-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)Baltimore City Hospitals
4940 Eastern Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1425 N. Wolfe St. zone 13

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Sept. 12- 1869

9. AGE (In years,
last birthday)

83

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Streib (D)

14. MOTHER'S MAIDEN NAME

Margaret Nauman (D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Records: Baltimore City Hospitals
4940 Eastern Ave.

18. 170X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of Breast with Metastasis

DUE TO

6 Months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertension

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-10-1952, to 2-14-1953 that I last saw the
deceased alive on 2-14-1953, and that death occurred at 11.15Pm., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Cook, Jr.

23B. ADDRESS

M. D. 4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

Feb. 15-1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/18/53

24C. NAME OF CEMETERY OR CREMATORY

Balto

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 16 1953

H. J. Cook, Jr. 53 1737 Wm. Cook, Inc. 1257 St. Paul St.

STATE OF NEW YORK
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age	
4. Date of Death		5. Time of Death		6. Place of Death	
7. Cause of Death		8. Manner of Death		9. Signature of Physician	
10. Signature of Registrar		11. Signature of Coroner		12. Signature of Medical Examiner	
13. Signature of Burial Officer		14. Signature of Undertaker		15. Signature of Funeral Home	
16. Signature of Cemetery		17. Signature of Burial		18. Signature of Interment	
19. Signature of Burial		20. Signature of Interment		21. Signature of Burial	
22. Signature of Interment		23. Signature of Burial		24. Signature of Interment	
25. Signature of Burial		26. Signature of Interment		27. Signature of Burial	
28. Signature of Interment		29. Signature of Burial		30. Signature of Interment	
31. Signature of Burial		32. Signature of Interment		33. Signature of Burial	
34. Signature of Interment		35. Signature of Burial		36. Signature of Interment	
37. Signature of Burial		38. Signature of Interment		39. Signature of Burial	
40. Signature of Interment		41. Signature of Burial		42. Signature of Interment	
43. Signature of Burial		44. Signature of Interment		45. Signature of Burial	
46. Signature of Interment		47. Signature of Burial		48. Signature of Interment	
49. Signature of Burial		50. Signature of Interment		51. Signature of Burial	
52. Signature of Interment		53. Signature of Burial		54. Signature of Interment	
55. Signature of Burial		56. Signature of Interment		57. Signature of Burial	
58. Signature of Interment		59. Signature of Burial		60. Signature of Interment	
61. Signature of Burial		62. Signature of Interment		63. Signature of Burial	
64. Signature of Interment		65. Signature of Burial		66. Signature of Interment	
67. Signature of Burial		68. Signature of Interment		69. Signature of Burial	
70. Signature of Interment		71. Signature of Burial		72. Signature of Interment	
73. Signature of Burial		74. Signature of Interment		75. Signature of Burial	
76. Signature of Interment		77. Signature of Burial		78. Signature of Interment	
79. Signature of Burial		80. Signature of Interment		81. Signature of Burial	
82. Signature of Interment		83. Signature of Burial		84. Signature of Interment	
85. Signature of Burial		86. Signature of Interment		87. Signature of Burial	
88. Signature of Interment		89. Signature of Burial		90. Signature of Interment	
91. Signature of Burial		92. Signature of Interment		93. Signature of Burial	
94. Signature of Interment		95. Signature of Burial		96. Signature of Interment	
97. Signature of Burial		98. Signature of Interment		99. Signature of Burial	
100. Signature of Interment		101. Signature of Burial		102. Signature of Interment	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P. 53 52 1738

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1738
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anthony PRANICH

2. DATE
OF
DEATH

2/13/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

26-07

D. STREET ADDRESS (If rural, give location)

642 S. Newark St

B. FULL NAME OF (If not in hospital or institution, give street address or location)

South Baltimore Genl Hosp

43
C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

4-26-1894

9. AGE (In years

last birthday)

58

10 Under 1 Year

Months

11 Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Tunnel worker

10B. KIND OF BUSINESS OR INDUSTRY

Construction

11. BIRTHPLACE (State or foreign country)

HUNGARY

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Pranich

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

382-03-5513

17. INFORMANT

ADDRESS

FRANK RAGONESE 115 S. HAVEN ST.

18. 002X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Pneumonia, rt middle and lower lobes

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

Pulmonary Tuberculosis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2/9/53

19B. MAJOR FINDINGS OF OPERATION

Emphysema
adhesions of lobes rt lung to each other & to entire visceral pleura

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 5, 1953, to Feb 13, 1953, that I last saw the deceased alive on Feb 13, 1953, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

W. R. Conway

23B. ADDRESS

M. D. South Balto Genl Hosp

23C. DATE SIGNED

2/13/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/16/53

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Hunting 5 3 0 0 0

25. FUNERAL DIRECTOR

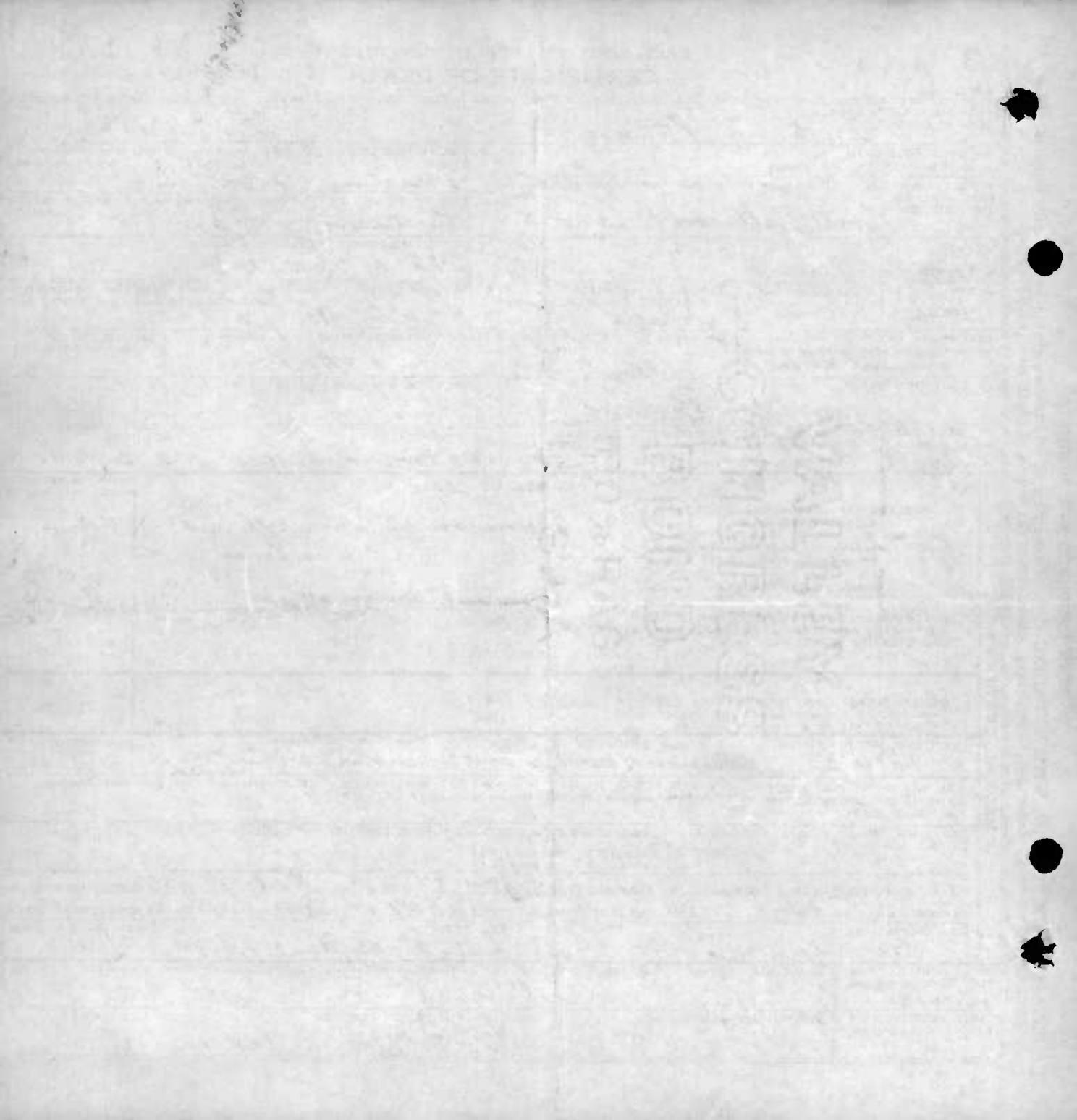
ADDRESS

1217 St. Paul St.

VS 150

FEB 16 1953

970 24



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 1739**BIRTH NO. **158924**

1. NAME OF DECEASED (Type or Print) James M. Lashley			2. DATE OF DEATH 2-14-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 21-02		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals INSTITUTION 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 25 yrs. Yrs. 25 Mos. 0 Days 0			D. STREET ADDRESS (If rural, give location) 916 Washington Blvd.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 5, 1900	9. AGE (In years last birthday) 52	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10B. KIND OF BUSINESS OR INDUSTRY Cotton Mill	11. BIRTHPLACE (State or foreign country) Florida		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William Lashley			14. MOTHER'S MAIDEN NAME Meddliton (deceased)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) ZZ		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS B. C. H. 4940 Eastern Ave. (record)		

18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Bilateral Far-Advanced DUE TO (B) Pulmonary DUE TO (C) Tuberculosis		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 5-6- , 1952, to 2-14- , 1953, that I last saw the deceased alive on 2-14-1953 , and that death occurred at 2:10 am. , from the causes and on the date stated above.				
23A. SIGNATURE Dr. John Doe		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/17/53	24C. NAME OF CEMETERY OR CREMATORY Balto. National Cem.	24D. LOCATION (City, town, or county) (State) Valto., Md.
DATE RECEIVED BY LOCAL REGISTRAR FEB 16 1953	REGISTRAR'S SIGNATURE H. H. H. H. H.	25. FUNERAL DIRECTOR W. H. H. H. H.	ADDRESS Balto 17, Md.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 1740**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Richard Erich (Carlyle Richard Erich, Jr.)			2. DATE OF DEATH 2-14-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Lutheran Hospital			C. CITY OR TOWN (If outside corporate limits, write AL and give township) Baltimore		
D. Length of stay in Baltimore			E. STREET ADDRESS (If rural, give location) 915 Ellicott Drive		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Feb. 19, 1939		9. AGE (In years last birthday) 13
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Carlyle Richard Erich, Sr.			14. MOTHER'S MAIDEN NAME Edna Wood		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mr. Carlyle R. Brick-915 Ellicott Dr.		

18. **E929.8**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) **Drowning**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	---

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Stream	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Gwynn's Falls.
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 2/14/53. 8:30 a.m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? fell into water

22. I certify that I took charge of the remains described above, held an **Partial Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE William Wood	23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....	23C. DATE SIGNED 2-15-53
---------------------------------------	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/17/53	24C. NAME OF CEMETERY OR CREMATORY Oaklawn Cem.	24D. LOCATION (City, town, or county) (State) Balto. Co., Md.
--	-----------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR FEB 16 1953	REGISTRAR'S SIGNATURE Huntington	25. FUNERAL DIRECTOR Wm. J. Tidener & Sons	ADDRESS Balto 17 Md
--	--	--	-------------------------------

VS 151

N-990X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Order of the
1st of March 1861

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1741
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

B. FREDERICKA BULL

2. DATE
OF
DEATH

Feb. 13, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE
Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE 3404 Old York Rd.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto.D. STREET ADDRESS (If rural, give location)
3404 Old York Rd.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Jan. 6, 1858

9. AGE (in years
last birthday)

95

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Washington, D. C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Frederick Frietch

14. MOTHER'S MAIDEN NAME

- Abenschoen

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. E. C. Childs - 3404 Old York Rd.

18. 442X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

5 YRS.

10 yrs.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORK NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1952 to Feb. 13, 1953, that I last saw the
deceased alive on Feb. 12, 1953, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

2/16/53

Balto. Cem.

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

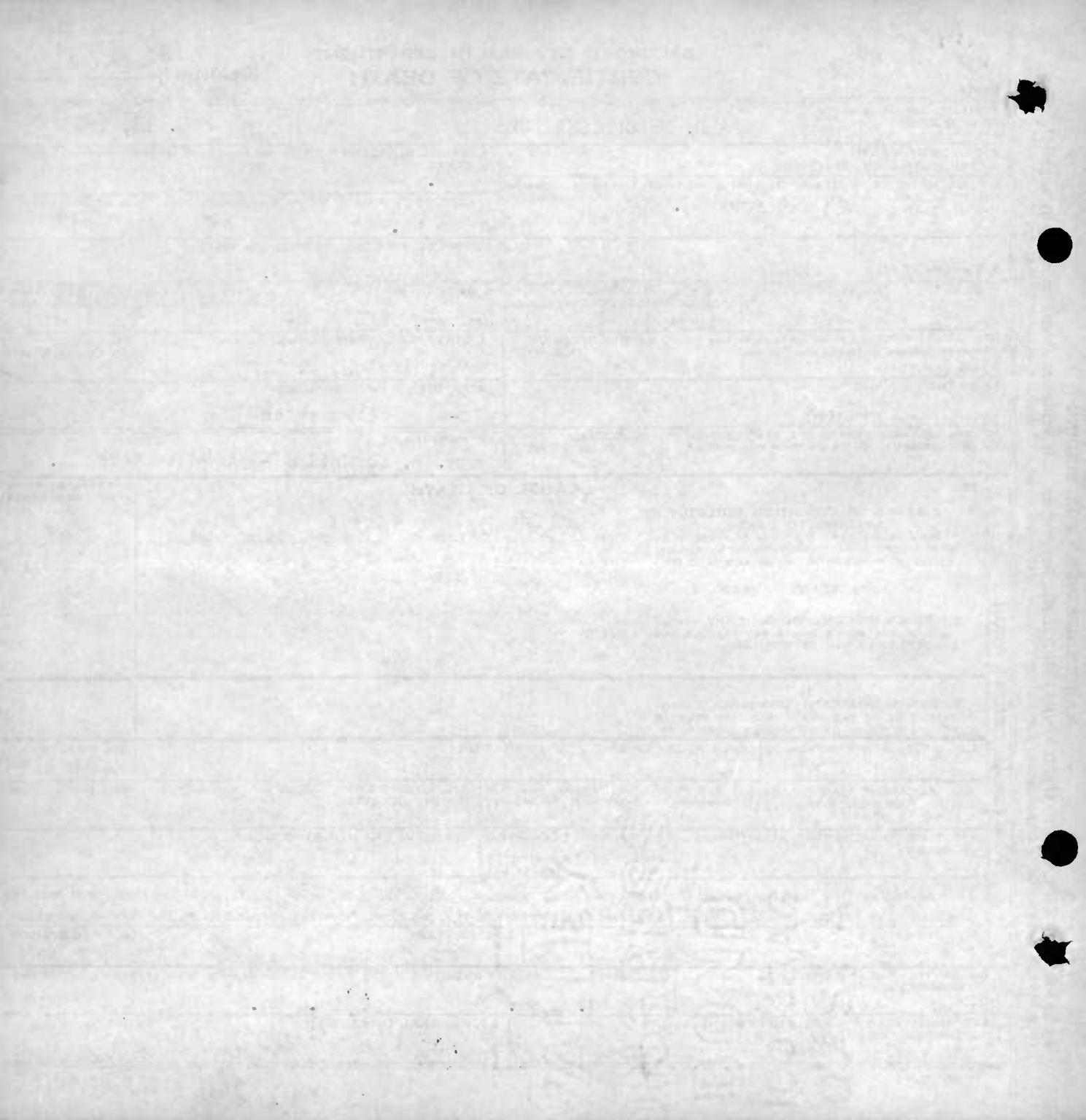
ADDRESS

FEB 16 1953

Huntington Halliday

2601 J. Pickner & Sons

Balto 17, Md.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 1742
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) J. MILTON PATTERSON		2. DATE OF DEATH 14 Feb 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland + 1015 Argonne Hotel		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION DOA. Mary Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 17 yrs		D. STREET ADDRESS (If rural, give location) 1015 Argonne Drive	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 30, 1892
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Amstein State Welfare		10B. KIND OF BUSINESS OR INDUSTRY Public Welfare	
13. FATHER'S NAME Samuel Patterson		14. MOTHER'S MAIDEN NAME Amelia Corfield	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS Mr. J. Corfield Patterson-1015 Argonne Dr.	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 10 min
DUE TO (A) ✓		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) ✓		
(C) ✓		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT. none		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 108 , to 14 Feb , 19 53 , that I last saw the deceased alive on 12 Feb , 19 53 , and that death occurred at 8:20 P m., from the causes and on the date stated above.				
23A. SIGNATURE J. J. Corfield		23B. ADDRESS 3534 E. Belvoir Ave		23C. DATE SIGNED 14 Feb 1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Entombment	24B. DATE 2/17/53	24C. NAME OF CEMETERY OR CREMATORY Lorraine Maus.	24D. LOCATION (City, town, or county) (State) Woodlawn, Md.	

DATE RECEIVED BY LOCAL REGISTRAR FEB 16 1953	REGISTRAR'S SIGNATURE H. J. Tichenor	25. FUNERAL DIRECTOR J. J. Tichenor & Sons	ADDRESS Balto 17 Md.
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MARGIN RESERVED FOR BINDING

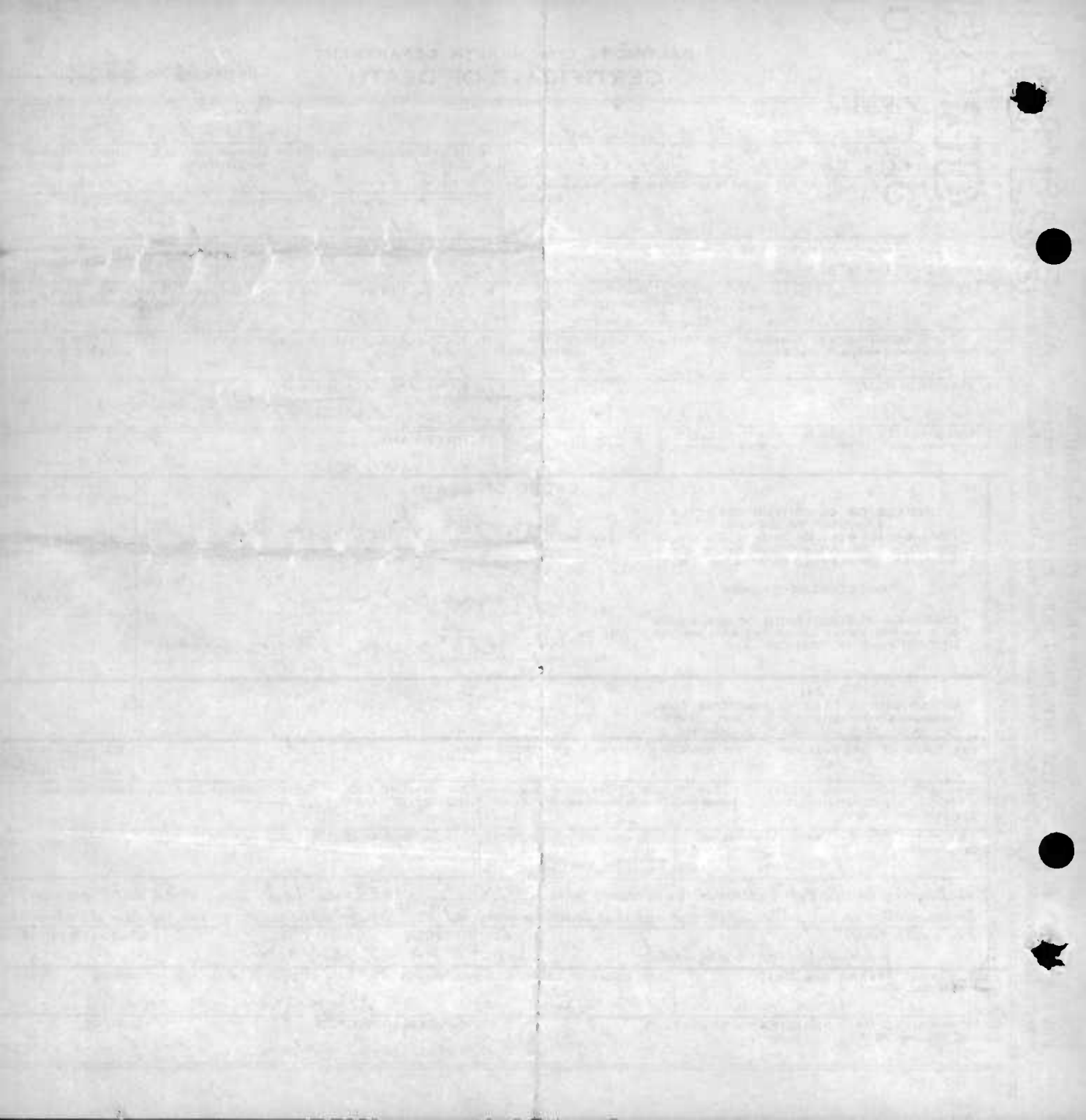
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 1763

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Harry Marcocraft.</u>		2. DATE OF DEATH <u>2/13/53.</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>1632 Beet St</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MD</u> B. COUNTY <u>Baltimore</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
c. Length of stay in Baltimore <u>Life</u>		D. STREET ADDRESS (If rural, give location) <u>1632 Beet St</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>11/29/1867</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Refined</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Gen & Elec Co</u>	9. AGE (In years last birthday) <u>85</u>
11. BIRTHPLACE (State or foreign country) <u>Baltimore</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Geo H. Marcocraft.</u>		14. MOTHER'S MAIDEN NAME <u>Leticia Marcocraft.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>—</u>		16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT ADDRESS <u>Mr Geo Marcocraft Same</u>
18. <u>443X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <u>Central Thrombosis</u> (A) <u>—</u> DUE TO (B) <u>Atherosclerosis</u> DUE TO (C) <u>hypertension - Myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>—</u>			
19. DATE OF OPERATION <u>—</u> 19B. MAJOR FINDINGS OF OPERATION <u>—</u> 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <u>—</u>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>—</u>		21D. HOW DID INJURY OCCUR? <u>—</u>	
21E. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>—</u>		21F. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <u>1/10</u> , 19 <u>53</u> , to <u>2/13</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>2/12</u> , 19 <u>53</u> , and that death occurred at <u>12:00</u> p.m., from the causes and on the date stated above.			
23A. SIGNATURE <u>John A. Scheurel</u>		23B. ADDRESS <u>1337 S. Charles St.</u>	
23C. DATE SIGNED <u>2/13/53</u>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24B. DATE <u>2/17/53</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>Holy Cross</u>		24D. LOCATION (City, town, or county) (State) <u>Rydalio Highway</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>FEB 16 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington</u>	
25. FUNERAL DIRECTOR <u>—</u>		ADDRESS <u>1318 Hughes</u>	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John P. Seidl

2. DATE
OF
DEATH

Feb. 14, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

3715 Arcadia Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3715 Arcadia Ave.

c. Length of stay in Baltimore Lifetime

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 3, 1906

9. AGE (In years
last birthday)

46

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Glazier

10B. KIND OF BUSINESS OR
INDUSTRY

Auto glass

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Frank N. Seidl

14. MOTHER'S MAIDEN NAME

Lydia V. Wells

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

213-03-8680

17. INFORMANT

Sarah P. Seidl

ADDRESS

3715 Arcadia Ave.

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

2 weeks

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

none

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from DEC. 18, 1952, to FEB 14, 1953, that I last saw the
deceased alive on FEB. 14, 1953, and that death occurred at 9:41 m., from the causes and on the date stated above.

23A. SIGNATURE

Harold Levin

M. D.

23B. ADDRESS

4818 Reisterstown Rd.

23C. DATE SIGNED

Feb 14, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-17-53

24C. NAME OF CEMETERY OR CREMATORY

Pleasant Hill

24D. LOCATION (City, town, or county)

Baltimore, Co. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington 1/5.30

25. FUNERAL DIRECTOR

Chas F. Evans & Son

ADDRESS

118 W. Mt. Royal Ave.

Dr. Levin
4818 Reisterstown Rd

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1745
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Myrtle Thornton

2. DATE
OF
DEATH

Feb. 12, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 14-03

D. STREET ADDRESS (If rural, give location)

2325 Division St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

11-28-1903

9. AGE (in years
last birthday)

49

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Char. woman

10B. KIND OF BUSINESS OR
INDUSTRY

Lev. bldg.

11. BIRTHPLACE (State or foreign country)

Cumberland Co. N. C.

12. CITIZEN OF
WHAT COUNTRY?

USA.

13. FATHER'S NAME

William Mouse

14. MOTHER'S MAIDEN NAME

Virginia Bell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 442 x and 260 x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive cardiovascular & renal

DUE TO

disease

(C)

3-4 wks

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

6 yrs +

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-4, 1953 to 2-12, 1953, that I last saw the
deceased alive on 2-12, 1953, and that death occurred at 11:35 Pm., from the causes and on the date stated above.

23A. SIGNATURE

A. H. Channing Jr.

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Feb. 16, 1953

24C. NAME OF CEMETERY OR CREMATORY

Bald. National Baltimore, Md.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

1631 Daniel Hill Ave

VS 150

753 91

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

STATE OF NEW YORK
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death		5. Place of death	
6. Cause of death		7. Manner of death		8. Signature of physician		9. Signature of registrar		10. Signature of informant	
11. Name of informant		12. Address of informant		13. City and county		14. State		15. Date of filing	
16. Name of registrar		17. Address of registrar		18. City and county		19. State		20. Date of filing	
21. Name of informant		22. Address of informant		23. City and county		24. State		25. Date of filing	
26. Name of registrar		27. Address of registrar		28. City and county		29. State		30. Date of filing	
31. Name of informant		32. Address of informant		33. City and county		34. State		35. Date of filing	
36. Name of registrar		37. Address of registrar		38. City and county		39. State		40. Date of filing	
41. Name of informant		42. Address of informant		43. City and county		44. State		45. Date of filing	
46. Name of registrar		47. Address of registrar		48. City and county		49. State		50. Date of filing	
51. Name of informant		52. Address of informant		53. City and county		54. State		55. Date of filing	
56. Name of registrar		57. Address of registrar		58. City and county		59. State		60. Date of filing	
61. Name of informant		62. Address of informant		63. City and county		64. State		65. Date of filing	
66. Name of registrar		67. Address of registrar		68. City and county		69. State		70. Date of filing	
71. Name of informant		72. Address of informant		73. City and county		74. State		75. Date of filing	
76. Name of registrar		77. Address of registrar		78. City and county		79. State		80. Date of filing	
81. Name of informant		82. Address of informant		83. City and county		84. State		85. Date of filing	
86. Name of registrar		87. Address of registrar		88. City and county		89. State		90. Date of filing	
91. Name of informant		92. Address of informant		93. City and county		94. State		95. Date of filing	
96. Name of registrar		97. Address of registrar		98. City and county		99. State		100. Date of filing	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1746

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROBERT

FISHER

2. DATE
OF DEATH February 12, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

916 N. Gilmore Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

916 N. Gilmore Street

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 15, 1884

9. AGE (in years last birthday)

68

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Chauffeur

10B. KIND OF BUSINESS OR INDUSTRY

Public

11. BIRTHPLACE (State or foreign country)

Harford Co. Md.

13. FATHER'S NAME

Charles Fisher

14. MOTHER'S MAIDEN NAME

Mary E. Bell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S NAME AND ADDRESS

Mrs. Marie Fisher 462-1512 St. N. Y. 31, N. Y.

18. 443X and 322.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

ANTECEDENT CAUSES

(B) Acute alcoholism

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William C. Smith

23B. CHIEF MEDICAL EXAMINER.....☐ ASSISTANT MEDICAL EXAMINER.....☒ MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
Feb. 13, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Feb. 16, 1953

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Pk.

24D. LOCATION (City, town, or county)

Baltimore Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Harrington

25. FUNERAL DIRECTOR

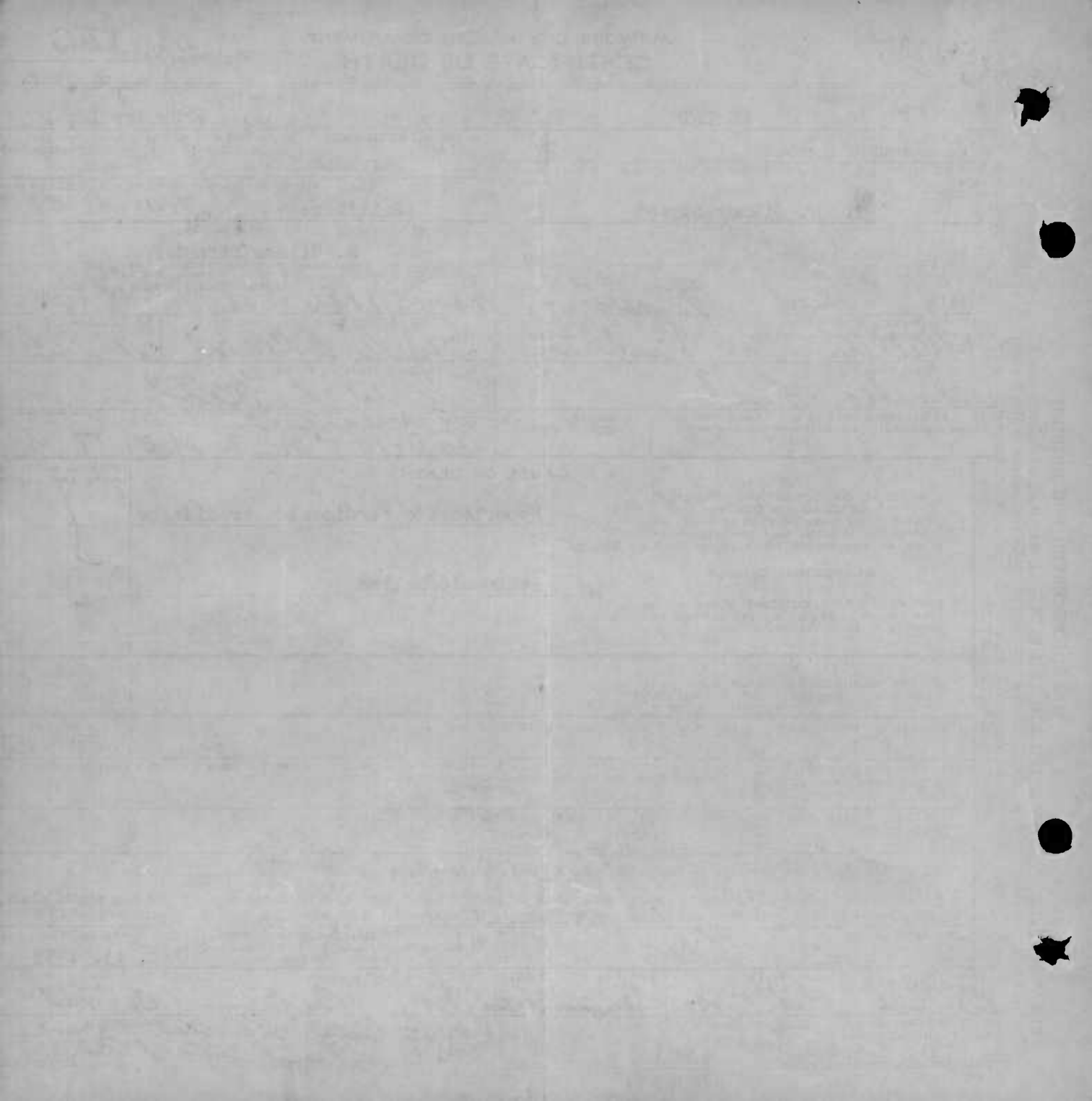
Hallmark Funeral Home

VS 151

784 614

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1747
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Katherine Kleinhenz

2. DATE
OF
DEATH

2/13/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF

(If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

University Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3209 Milford Ave.

E. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 24, 1878

9. AGE (in years
last birthday)

74 yrs

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

John Mische

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

William Kleinhenz-3209 Milford Ave

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebro-Vascular Accident

DUE TO

15 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Congestive Failure & Bilateral Hydrothorax 2 weeks

DUE TO

(C) Arteriosclerotic C V Disease & Aortic
Insufficiency

Years

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/9/53, 19, to 2/13/53, 19, that I last saw the
deceased alive on 2/12/53, 19, and that death occurred at 3:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

George H. Smith

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

2/14/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 17, 53

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 16 1953

Huntington Hollis

B. Blawie

Dunacost

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Signature of witness	
13. Signature of coroner		14. Signature of jury		15. Signature of jury	
16. Signature of jury		17. Signature of jury		18. Signature of jury	
19. Signature of jury		20. Signature of jury		21. Signature of jury	
22. Signature of jury		23. Signature of jury		24. Signature of jury	
25. Signature of jury		26. Signature of jury		27. Signature of jury	
28. Signature of jury		29. Signature of jury		30. Signature of jury	
31. Signature of jury		32. Signature of jury		33. Signature of jury	
34. Signature of jury		35. Signature of jury		36. Signature of jury	
37. Signature of jury		38. Signature of jury		39. Signature of jury	
40. Signature of jury		41. Signature of jury		42. Signature of jury	
43. Signature of jury		44. Signature of jury		45. Signature of jury	
46. Signature of jury		47. Signature of jury		48. Signature of jury	
49. Signature of jury		50. Signature of jury		51. Signature of jury	
52. Signature of jury		53. Signature of jury		54. Signature of jury	
55. Signature of jury		56. Signature of jury		57. Signature of jury	
58. Signature of jury		59. Signature of jury		60. Signature of jury	
61. Signature of jury		62. Signature of jury		63. Signature of jury	
64. Signature of jury		65. Signature of jury		66. Signature of jury	
67. Signature of jury		68. Signature of jury		69. Signature of jury	
70. Signature of jury		71. Signature of jury		72. Signature of jury	
73. Signature of jury		74. Signature of jury		75. Signature of jury	
76. Signature of jury		77. Signature of jury		78. Signature of jury	
79. Signature of jury		80. Signature of jury		81. Signature of jury	
82. Signature of jury		83. Signature of jury		84. Signature of jury	
85. Signature of jury		86. Signature of jury		87. Signature of jury	
88. Signature of jury		89. Signature of jury		90. Signature of jury	
91. Signature of jury		92. Signature of jury		93. Signature of jury	
94. Signature of jury		95. Signature of jury		96. Signature of jury	
97. Signature of jury		98. Signature of jury		99. Signature of jury	
100. Signature of jury		101. Signature of jury		102. Signature of jury	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 1748

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

AGNES TERRY

2. DATE
OF
DEATH

2/13/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

University of Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1927 Lauretta Ave

c. Length of stay in Baltimore

31? Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

14-1-1904

9. AGE (in years
last birthday)

31

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S. 19-

13. FATHER'S NAME

Clyde Smith

14. MOTHER'S MAIDEN NAME

Lucy Goff-

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Brother

ADDRESS

18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Probable C. V. A.

DUE TO

ANTECEDENT CAUSES

(B)

H. E. C. V. D.

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/12, 1953, to 2/13, 1953 that I last saw the
deceased alive on 2/13, 1953, and that death occurred at 7:10 Am., from the causes and on the date stated above.

23A. SIGNATURE

George C. Alderman

M. D.

23B. ADDRESS

University Heights

23C. DATE SIGNED

2/13/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb 17, 1953

24C. NAME OF CEMETERY OR CREMATORY

St. Peter's

24D. LOCATION (City, town, or county)

Baltimore, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. Huntington

25. FUNERAL DIRECTOR

1631 Daniel Hill Ave

ADDRESS

STATE OF CALIFORNIA
COUNTY OF SAN FRANCISCO

NOTARY PUBLIC

101-103

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1749

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Harold S. Parker

2. DATE
OF
DEATH

Feb. 13, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1535 Shields Pl.

4. USUAL RESIDENCE (Where deceased lived, if institution; residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write R.U.R.A. and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1535 Shields Place

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

Widowed, Divorced (Specify)

Married

8. DATE OF BIRTH

Sept. 25, 1894

9. AGE (in years
last birthday)

58

If Under 1 Year

Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work during most of working life, even if retired)

Porter

10B. KIND OF BUSINESS OR
INDUSTRY

Apt. House

11. BIRTHPLACE (State or foreign country)

Frederick Co. Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Clais Parker

14. MOTHER'S MAIDEN NAME

Belle Luckett

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

216-03-8984

17. INFORMANT'S ADDRESS

Mrs. Mary Thompson
1535 Shields Place

18. 420.0

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Coronary Occlusion sev. hrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

arterio-sclerotic

cardiac disease

INTERVAL BETWEEN
ONSET AND DEATH

sev. hrs

v.n.k.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m. WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-11-52 to 2-13-53, that I last saw the
deceased alive on 1-26-53, and that death occurred at 4-30 PM from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

23B. ADDRESS

1500 EAST MADISON ST.
BALTIMORE, M.D.

23C. DATE SIGNED

2-13-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 16, 1953

24C. NAME OF CEMETERY OR CREMATORY

Mt. Zion

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 16 1953

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

[Signature]

ADDRESS

1031 Druid Hill Ave

STATE OF NEW YORK
CERTIFICATE OF DEATH

FILED IN
BOOK NO.

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

DECEASED
NAME
AGE
SEX
RACE
BIRTH
PLACE
DATE

CAUSE
MANNER
PLACE
DATE

TESTED
BY
DATE

SIGNATURE
OF
DECEASED

SIGNATURE
OF

SIGNATURE
OF

SIGNATURE
OF

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1750
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CALVIN LINGAN

2. DATE
OF
DEATH

2-14-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

ST. Agnes Hospital

C. Length of stay in Baltimore

LIFE

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MACHINER

10B. KIND OF BUSINESS OR INDUSTRY

SWINDELL GLASS CO.

13. FATHER'S NAME

John Lingan

15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
212-10-8324

17. INFORMANT

ADDRESS

AGNES LINGAN 1410 Sulphur Spring Rd.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Pulmonary edema.
A.C.V.D.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Acute coronary Thrombosis
A.C.V.D.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-14, 1953, to 2-14, 1953, that I last saw the deceased alive on 2-14, 1953, and that death occurred at 1:50 P.M., from the causes and on the date stated above.

23A. SIGNATURE

George Elton

M. D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

2-14-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

Feb. 17, 1953

24C. NAME OF CEMETERY OR CREMATORY

Landon Park

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington 5-3-53

25. FUNERAL DIRECTOR

ADDRESS

Lynch J. Embrey, 1328 Sulphur Sp. Rd.

VS 150

54435-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

1894

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1751

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARMION, Louis Preble

2. DATE
OF
DEATH

February-14-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTY before admission)B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION location)

Franklin Square Hospital

C. CITY OR TOWN (If outside corporate limits, with RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

5201 Hillburn ave.

E. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

12/21/1898

9. AGE (In years
last birthday)

54

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Manager

10B. KIND OF BUSINESS OR
INDUSTRY

C + P

11. BIRTHPLACE (State or foreign country)

Washington D. C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Robert MARMION

14. MOTHER'S MAIDEN NAME

Beatrice Chouteau.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Jessie MARMION-SAMP

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Congestive Heart failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

(B) Myocardial Infarction.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/5, 1953 to 2-14, 1953, that I last saw the
deceased alive on 2-14, 1953 and that death occurred at 6:05 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. J. Kehmel

M. D.

23B. ADDRESS

Franklin Square Hospital 2-14-53

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/18/53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

BALTO

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 16 1953

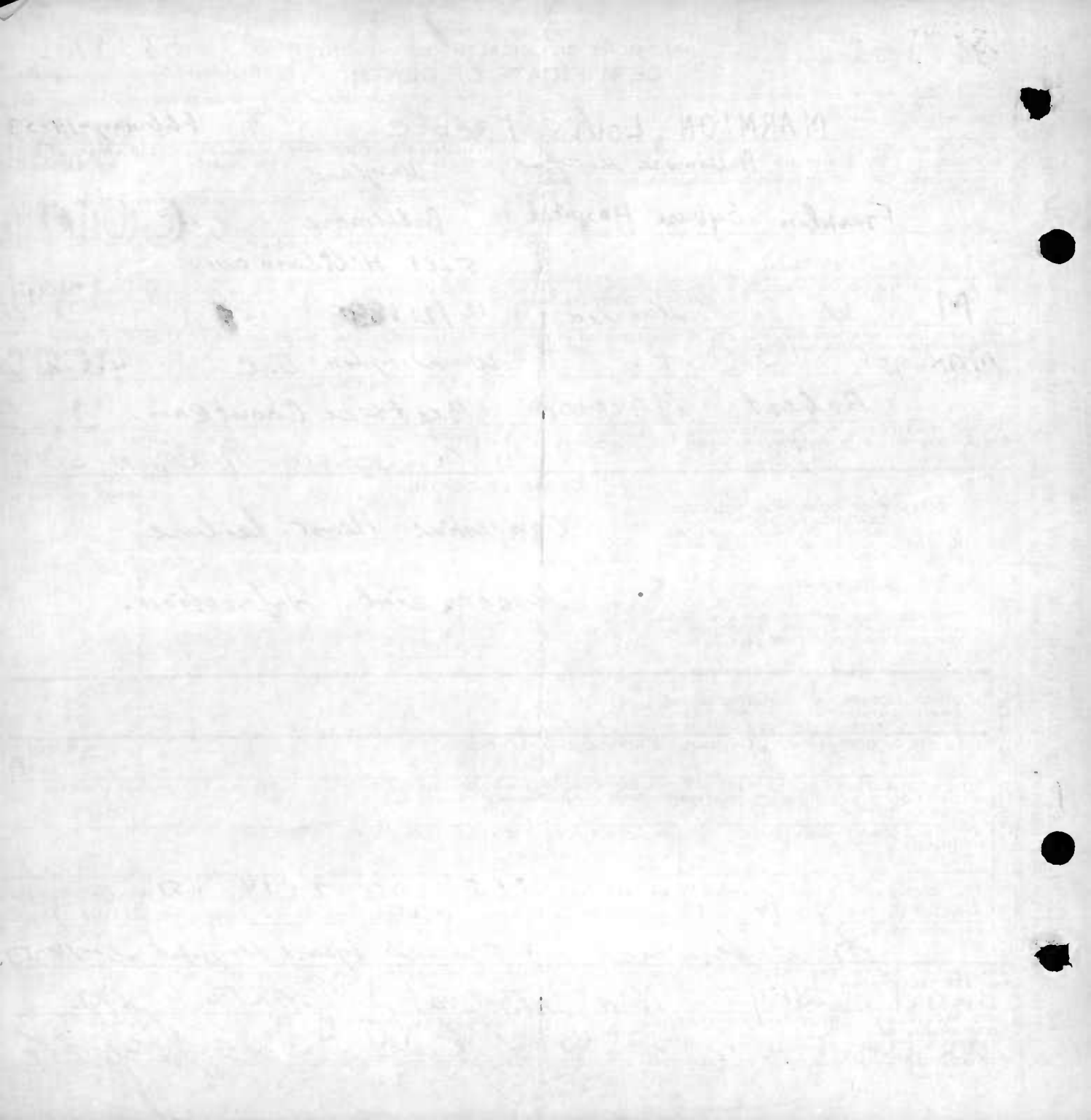
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

VS 150

2905A



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1752
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Annie M. Schaum

2. DATE
OF
DEATH

Feb. 14, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

St. Joseph's Hospital

1400 N. Caroline St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1617 E. 31st St. #18

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Wid.

8. DATE OF BIRTH

4/9/1874

9. AGE (In years
last birthday)

78

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Hwfe.

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

ALBERT E SCHULZ

14. MOTHER'S MAIDEN NAME

ELIZABETH HULSMANN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MR LAWRENCE JKANE - E 31ST

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma of Transverse Colon

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Intestinal Obstruction

DUE TO

(C)

Adhesions

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

November 15, 1952

19B. MAJOR FINDINGS OF OPERATION

of colon & ileum

Adenocarcinoma of colon with adhesions & obstruction

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 4, 1953, to Feb. 14, 1953, that I last saw the
deceased alive on Feb. 14, 1953, and that death occurred at 3:20 AM, from the causes and on the date stated above.

23A. SIGNATURE

J. O. Neill

M. D.

23B. ADDRESS

1400 N. Caroline St. #13

23C. DATE SIGNED

Feb. 14, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2/15/53

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

J. F. Buck

ADDRESS

5305 Bayford

HA 1517

4/9/1874

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 1753
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM F. BEEDLE, JR.

2. DATE
OF
DEATH

Feb. 13, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

5515 Plymouth Road

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

7. STREET ADDRESS (If rural, give location)

5515 Plymouth Road

8. Length of stay in Baltimore

Yrs.
Mos.
Days

9. SEX

male

10. COLOR OR RACE

white

11. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

12. DATE OF BIRTH

Feb. 19, 1903

13. AGE (In years last birthday)

49

14. Under 1 Year

Months: Days

15. Under 24 Hours

Hours: Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Asst. Supt. Oxford Home Imp Co

17. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Wm. F. Beedle, Sr.

14. MOTHER'S MAIDEN NAME

Henrietta Bauer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

216-01-5980

17. INFORMANT

ADDRESS

Mr. Wm. F. Beedle, 5515 Plymouth

18. 420.1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

1 hour

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 19 73, 19, to 2 -13-, 1953 that I last saw the deceased alive on 2 -12-, 1953, and that death occurred at 8 P. m., from the causes and on the date stated above.

23A. SIGNATURE

E. W. Peake

23B. ADDRESS

4508 Harford Rd

23C. DATE SIGNED

2-16-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/17/53

24C. NAME OF CEMETERY OR CREMATORY

Moreland Mem. Park

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Leonard J. Ruck, 5305 Harford Road.

ADDRESS

Dr. Peake
4508 Harford

6:30-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 1754

BIRTH NO. 53 1754

1. NAME OF DECEASED (Type or Print) <u>LOUISAM Sprigg</u>			2. DATE OF DEATH <u>2/15/53</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>8-05</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Church Home & Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
c. Length of stay in Baltimore <u>Life</u>			D. STREET ADDRESS (If rural, give location) <u>159 Cliffview Ave.</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>2/29/1864</u>	9. AGE (in years last birthday) <u>88</u>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>—</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>John Morley</u>			14. MOTHER'S MAIDEN NAME <u>Sarah Murphy</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>—</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT ADDRESS <u>Hospital chart.</u>		

18. 570.2 I CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Venous Mesenteric Thrombosis 2-3 mhs.
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ...
DUE TO
(C) ...

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <u>2</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>—</u>		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>—</u>	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR? <u>—</u>		

22. I hereby certify that I attended the deceased from 2/13, 1953, to 2/15, 1953, that I last saw the deceased alive on 2/14, 1953, and that death occurred at 8:40 A.M., from the causes and on the date stated above.

23A. SIGNATURE Arthur F. Woodward M. D. 23B. ADDRESS Church Home & Hospital, Balto. Md. 23C. DATE SIGNED 2/15/53

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>2-18-53</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Lorraine Park</u>	24D. LOCATION (City, town, or county) (State) <u>Balto Md</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>FEB 16 1953</u>	REGISTRAR'S SIGNATURE <u>Huntington</u>	25. FUNERAL DIRECTOR <u>J. P. Jackson</u>	ADDRESS <u>1305 Harford Rd</u>

MAILED
JAN 10 1900
RECEIVED
JAN 10 1900
JAN 10 1900

72

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1755

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Adolph Christian Horseman

2. DATE
OF
DEATH

Feb. 15, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

2809 Bayonne Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2809 Bayonne Ave

E. Length of stay in Baltimore

83 years

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

5-4-67

9. AGE (In years last birthday)

83

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Order filler

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Frederick Horsemann

14. MOTHER'S MAIDEN NAME

Margaret Heidebach

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

218-09-4741

17. INFORMANT

ADDRESS

Carl L. Knabe; 6200 Buckwood

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute coronary occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Chr. coronary artery disease

DUE TO

(C)

1 year

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to Feb 15, 1953 that I last saw the deceased alive on _____, 19____, and that death occurred at 1:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Donald Jandery

23B. ADDRESS

6077 Hayford Rd.

23C. DATE SIGNED

2-15-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/18/53

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county) (State)

Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

J. R. R. R.

ADDRESS

5305 Hayford Rd

177

CONFIDENTIAL

Adolph O. Smith, Jr.

1960

1960

1960

1960

CONGRESS

WATLEY

1960

1960

1960

1960

1960

1960

1960

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1756

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elizabeth Carden

2. DATE
OF
DEATH

2-16-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

Maryland Howard

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Ellicott City

D. STREET ADDRESS (If rural, give location)

Ellicott Road 6200

E. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

7-13-1896

9. AGE (in years
last birthday)

56

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

New Bedford Mass

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Wm. Margensen

14. MOTHER'S MAIDEN NAME

Mariah Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

Wm Carden

ADDRESS

Ellicott Road
Ellicott City

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Pulmonary Tuberculosis

@ 10 yrs

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Amyloidosis -

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-15, 1953, to 2-16, 1953, that I last saw the
deceased alive on 2-16, 1953, and that death occurred at 12:50 m., from the causes and on the date stated above.

23A. SIGNATURE

H. C. Hamilton

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

2-16-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-18-53

24C. NAME OF CEMETERY OR CREMATORY

Family Plot

24D. LOCATION (City, town, or county)

New Bedford

(State)

Mass.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

F. C. Hamilton Ellicott City

ADDRESS

FEB 16 1953

VS 150

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

WILLIAM
J. BROWN
JAN 10 1900
NEW YORK

NAME OF DECEASED

WILLIAM J. BROWN
JAN 10 1900
NEW YORK

DATE OF DEATH

WILLIAM J. BROWN
JAN 10 1900
NEW YORK

PLACE OF DEATH

WILLIAM J. BROWN
JAN 10 1900
NEW YORK

SIGNATURE OF DECEASED

WILLIAM J. BROWN
JAN 10 1900
NEW YORK

WILLIAM J. BROWN
JAN 10 1900
NEW YORK

WILLIAM J. BROWN
JAN 10 1900
NEW YORK

WILLIAM J. BROWN
JAN 10 1900
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WILLIAM J. BROWN
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NEW YORK

WILLIAM J. BROWN
JAN 10 1900
NEW YORK

WILLIAM J. BROWN
JAN 10 1900
NEW YORK

WILLIAM J. BROWN
JAN 10 1900
NEW YORK

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 1757BIRTH NO. 3141. NAME OF DECEASED
(Type or Print)*Wiedefeld, Helen*2. DATE
OF
DEATH*2/15/53*

3. PLACE OF DEATH:

A. Baltimore City, Maryland -

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)*Maryland*B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION*Franklin Square Hospital*C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)*Baltimore*

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

4034 Stayward Ave

5. SEX

F

6. COLOR OR RACE

*W*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*W*

8. DATE OF BIRTH

*3/15/1899*9. AGE (In years
last birthday)*53*If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Baltimore*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles H Schenkel

14. MOTHER'S MAIDEN NAME

*Mary Louise Clifton*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. *331X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

High Blood Pressure

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *2/14*, 19*53*, to *2/15*, 19*53* that I last saw the
deceased alive on *2/15*, 19*53*, and that death occurred at *4:45* a.m., from the causes and on the date stated above.

23A. SIGNATURE

F. Espinosa

23B. ADDRESS

M. D.

Franklin Square Hospital

23C. DATE SIGNED

*2/15/53*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

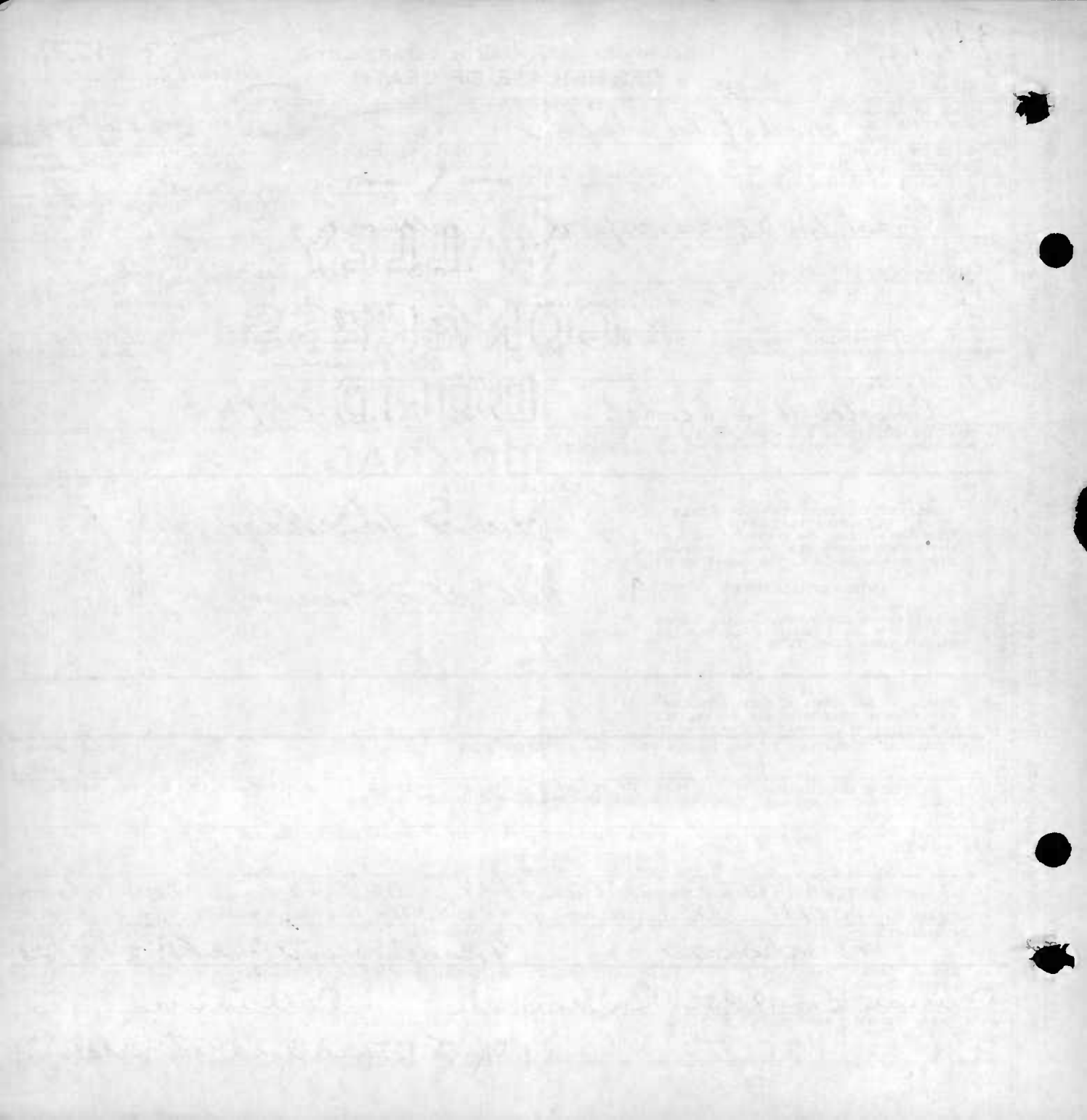
*Burial**Feb 18, 1953**Cathedral**Baltimore*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*FEB 16 1953**Huntington 5/13/53**Rita Wiedefeld 9006 Biddle St*



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 1758

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Mary Bell*2. DATE
OF
DEATH*3:30 a.m.**Feb. 15 - 53*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)*Maryland**Balt.*B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION*Little Sisters of the Poor*C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)*Baltimore**10-01*

D. STREET ADDRESS (If rural, give location)

1200 Valley St.

e. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.*Female White**Nov. 27 - 1881*10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?*housewife**Maryland**Virginia Wilson*

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*Thomas Cosgrove**Virginia Wilson**Little Sisters of the Poor*18. *422.1*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

*Chronic Myocarditis**1 yr.*

ANTECEDENT CAUSES

DUE TO

(B)

*Arterio-Sclerosis**5 yr.*DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

*Chronic Bronchitis**1 yr.*

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from *Feb 10 -*, 19*53*, to *Feb. 15, 1953* that I last saw the
deceased alive on *Feb 14 -*, 19*53*, and that death occurred at *3:30 A. m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

E. Gull Hall 7th

M. D.

*1631 E North Ave**Feb 15 - 53*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*Burial Feb 18 1953**Cathedral**Baltimore**FEB 16 1953**Huntington**Rita Windefeld 9006 Beulah St*

MINNESOTA DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

NAME OF DECEASED
AGE
SEX
DATE OF BIRTH
PLACE OF BIRTH
OCCUPATION
CAUSE OF DEATH
MANNER OF DEATH
DATE OF DEATH
PLACE OF DEATH
SIGNATURE OF PHYSICIAN
SIGNATURE OF REGISTRAR

DECEASED'S RESIDENCE
DECEASED'S MARITAL STATUS
DECEASED'S RELIGION
DECEASED'S RACE
DECEASED'S COLOR
DECEASED'S SEX
DECEASED'S AGE
DECEASED'S DATE OF BIRTH
DECEASED'S PLACE OF BIRTH
DECEASED'S OCCUPATION
DECEASED'S CAUSE OF DEATH
DECEASED'S MANNER OF DEATH
DECEASED'S DATE OF DEATH
DECEASED'S PLACE OF DEATH
DECEASED'S SIGNATURE OF PHYSICIAN
DECEASED'S SIGNATURE OF REGISTRAR

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 1759**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Katherine Bennett*2. DATE
OF
DEATH*7:00 a.m.**Feb 15-53*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)*Little Sisters of the Poor*

C. CITY OR TOWN

(If outside corporate limits, write R.U.A., and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1200 Valley St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

*Sept. 29-1881*9. AGE (in years
last birthday)*71*10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*housewife*10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Ireland*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Dee

14. MOTHER'S MAIDEN NAME

*Bridget Lyons*15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*Little Sisters of the Poor*1B. *420.1*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

*Coronary Thrombosis**1 day*

DUE TO

ANTECEDENT CAUSES

(B)

*Atherosclerosis**1 yr-*

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Feb 12-*, 19*53*, to *Feb 15*, 19*53*, that I last saw the
deceased alive on *Feb 14*, 19*53*, and that death occurred at *7 A* m., from the causes and on the date stated above.

23A. SIGNATURE

E. Gull Hall MD

M.D.

23B. ADDRESS

1631 E. North Ave

23C. DATE SIGNED

*Feb-15-53*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*Burial Feb 17, 1953**Louisa Park**Baltimore**Dr. E. Wiedefeld 900 E. Biddle St*

THE STATE OF NEW YORK
IN SENATE
January 10, 1901.

JOHN S. GILLESPIE

JOHN S. GILLESPIE
1891-1901

1891-1901

B-5609A
53 1760
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1760

1. NAME OF DECEASED (Type or Print) James Boomer			2. DATE OF DEATH Feb. 13-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Acc Room			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MD B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 3-02		
D. STREET ADDRESS (If rural, give location) 1155 E Lombard St			E. Length of stay in Baltimore 7 Yrs.		
5. SEX male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May-1-1920	9. AGE (in years last birthday) 32	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10B. KIND OF BUSINESS OR INDUSTRY In General		
11. BIRTHPLACE (State or foreign country) Panticker N.C.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Lester Boomer			14. MOTHER'S MAIDEN NAME Lessie Young		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		
17. INFORMANT JOHNS HOPKINS HOSPITAL			ADDRESS		

18. 493X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Pneumonia - late CAUSE OF DEATH Complications INTERVAL BETWEEN ONSET AND DEATH ?	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb. 13, 1953 , to Feb 13, 1953 , that I last saw the deceased alive on Feb 13, 1953 , and that death occurred at 8:00 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE George A. Edwards M. D.		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 2-13-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/18/1953		24C. NAME OF CEMETERY OR CREMATORY Broad Creek	
24D. LOCATION (City, town, or county) (State) Panticker N.C.		25. FUNERAL DIRECTOR Elmer Wilson, 1101 Brantly Ave			
DATE RECEIVED BY LOCAL REGISTRAR FEB 16 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		26. VS 150	

97099



62-11-1

Joseph P. Dignall

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 1761600
53 1761
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Dase, Howard F.</u>			2. DATE OF DEATH <u>2/16/53</u>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Carroll</u>		
b. FULL NAME OF HOSPITAL OR INSTITUTION <u>University Hospital</u>			c. CITY OR TOWN <u>Manchester</u> (If outside corporate limits, write RURAL and give township)		
c. Length of stay in Baltimore <u>7 Weeks</u>			d. STREET ADDRESS (If rural, give location) <u>5600</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 27-1878</u>	9. AGE (In years last birthday) <u>74</u>	10. Under 1 Year Months: Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13. FATHER'S NAME <u>Elte Jesse Hare</u>			14. MOTHER'S MAIDEN NAME <u>Olivia J. McComas</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>719-17-1761A</u>		
17. INFORMANT <u>Mrs Howard F. Hare</u>			ADDRESS <u>Manchester Md</u>		
18. <u>331X and 177X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Cerebral vascular accident</u> DUE TO (A) <u>9 days</u>					INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) <u>Carcinoma of the prostate with metastases 2+ years</u> (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION <u>0</u>			19b. MAJOR FINDINGS OF OPERATION		
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>2/3</u> , 19 <u>53</u> , to <u>2/16</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>2/16</u> , 19 <u>53</u> , and that death occurred at <u>2:30</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Richard C. Packert</u>			23b. ADDRESS <u>University Hospital</u>		23c. DATE SIGNED <u>2/16/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 18-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lazarus Church Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Lineboro Carroll Co. Md.</u>					
DATE RECEIVED BY LOCAL REGISTRAR <u>FEB 16 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington</u>		25. FUNERAL DIRECTOR <u>Edgar C. Dipton</u> ADDRESS <u>Hampstead</u>	



BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

53 1762

Registered No. _____

N-6-LO
 53 1762

1. NAME OF DECEASED (Type or Print) MARY P. Meyers		2. DATE OF DEATH Feb 15 1953	
3. PLACE OF DEATH: a. Baltimore City, Maryland BALTO.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY _____	
b. FULL NAME OF HOSPITAL OR INSTITUTION 1310 HANOVER ST		c. CITY OR TOWN (If outside corporate limits, write R.R., L. and give township) BALTO 23-01	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		d. STREET ADDRESS (If rural, give location) 1310 Hanover St	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH MAY 18 - 1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 77
13. FATHER'S NAME John Meyers		11. BIRTHPLACE (State or foreign country) Balto	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown)		12. CITIZEN OF WHAT COUNTRY? US	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME 7	
17. INFORMANT S. Denzlein		ADDRESS 1035 Hanover St	

MEDICAL CERTIFICATION

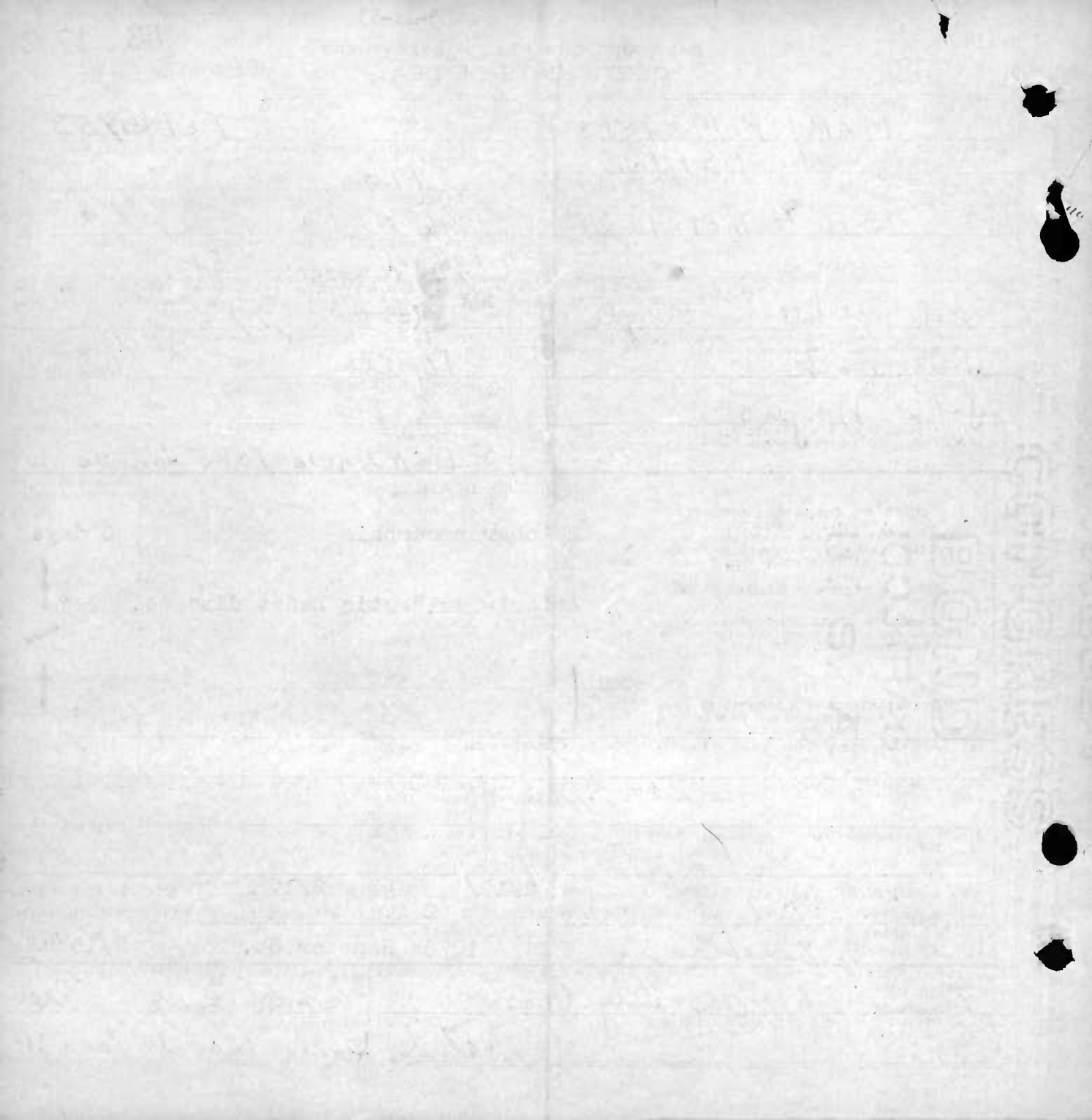
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 490X (A) Lobar pneumonia DUE TO		INTERVAL BETWEEN ONSET AND DEATH 3 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Arterio sclerotic heart disease. DUE TO		?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2/12/**, 19**53**, to **2/15**, 19**53**, that I last saw the deceased alive on **2/14/**, 19**53**, and that death occurred at **2 A.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Harry Heibel** M. D. 23b. ADDRESS **1226 Hanover St.** 23c. DATE SIGNED **2/16/53**

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 17-1953	24c. NAME OF CEMETERY OR CREMATORY Holy Cross	24d. LOCATION (City, town, or county) (State) Prindel County Md
DATE RECEIVED BY LOCAL REGISTRAR FEB 16 1953		25. FUNERAL DIRECTOR Reinhold Haele	
REGISTRAR'S SIGNATURE Huntington		ADDRESS 1000 S. Paca St.	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 1763**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**ANTONIO H. LANNELLO**2. DATE
OF
DEATH**Feb 15 - 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

BALTO.

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

MD

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

607 Wyeth ST

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTO

D. STREET ADDRESS (If rural, give location)

607 Wyeth ST

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

MALE**WHITE****SINGLE****July 19 - 1877****75**

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Trucker**B + O**

11. BIRTHPLACE (State or foreign country)

Philadelphia

12. CITIZEN OF WHAT COUNTRY?

US

13. FATHER'S NAME

ANTONIO H. LANNELLO

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

ANNIE T. Armiger. 607 Wyeth18. **482X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

one day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST:

(B)

DUE TO

Intestinal Grippe**2 days**

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from **Feb 14, 1953** to **Feb 15, 1953**, that I last saw the deceased alive on **Feb 14, 1953** and that death occurred at **9:30 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

James Gates

M. D.

23B. ADDRESS

517 Scott St -

23C. DATE SIGNED

Feb 16/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL**Feb 18 - 1953****Holy Cross****Arundel County, Md**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington**Bernard Haale 1000 S. PACA. ST.****FEB 16 1953**

VS 150

General Thompson

Butterfield

Home
21/11/13

21/11/13
21/11/13
21/11/13
21/11/13
21/11/13

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1764

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Blanche Singleton

2. DATE
OF
DEATH

2/13/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

2216 W. North Ave. 16

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

D. STREET ADDRESS (If rural, give location)

md

E. Length of stay in Baltimore

?

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

ed

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

1910

9. AGE (In years
last birthday)

42

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Buffalo N. Y.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

William Board

14. MOTHER'S MAIDEN NAME

Lelia King

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

Helen Harris W. North Ave

ADDRESS 2216

18.

331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertension.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 10, 1953, to Feb. 13, 1953, that I last saw the deceased alive on Feb. 12, 1953, and that death occurred at 1:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

George Adams

23B. ADDRESS

2327 on north

23C. DATE SIGNED

2-13-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2/16/52

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Balto. Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Geo. J. Nelson

ADDRESS

1303

FEB 16 1953

VS 150

Crestman

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-512
53 51765

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1765

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Lillian Rembisz - Long.</i>			2. DATE OF DEATH <i>2-15-53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Sinai Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE #25.</i>		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>4102 HILLCREST RD.</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>April 10, 1896</i>	9. AGE (in years last birthday) <i>56</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>at Home.</i>		
13. FATHER'S NAME <i>ISAAC EVANS</i>			14. MOTHER'S MAIDEN NAME <i>MARGARET DALEY</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>MICHAEL REMBISZ</i>			ADDRESS <i>SAME.</i>		

18. <i>443X and 260X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <i>Cerebral Vascular Accident</i> DUE TO <i>Thrombosis of Basilar Artery</i> (B) <i>Hypertensive C.V.D.</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>3-4 days</i>
--	--	--	---

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Diabetes mellitus</i>	
---	--

19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *2-6* 19*53*, to *2-15*, 19*53* that I last saw the deceased alive on *2-15*, 19*53*, and that death occurred at *9:25 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Joseph Beckelmann</i>	23B. ADDRESS <i>Sinai Hospital</i>	23C. DATE SIGNED <i>2-15-53</i>
--	---------------------------------------	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>2-18-53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>MEADOW RIDGE CEM.</i>	24D. LOCATION (City, town, or county) (State) <i>WASH. BLVD. MD.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 16 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington</i>	25. FUNERAL DIRECTOR <i>Charles S. Zeller</i>	
		ADDRESS <i>901 S. CONKLING</i>	

DECLARATION OF DEATH

1. Name of Deceased		2. Date of Death	
3. Place of Death		4. Cause of Death	
5. Signature of Declarant		6. Signature of Physician	
7. Signature of Medical Examiner		8. Signature of Coroner	
9. Signature of Registrar		10. Signature of Burial Officer	
11. Signature of Undertaker		12. Signature of Cemetery	
13. Signature of Funeral Home		14. Signature of Burial Site	
15. Signature of Interment Site		16. Signature of Burial Site	
17. Signature of Interment Site		18. Signature of Burial Site	
19. Signature of Interment Site		20. Signature of Burial Site	
21. Signature of Interment Site		22. Signature of Burial Site	
23. Signature of Interment Site		24. Signature of Burial Site	
25. Signature of Interment Site		26. Signature of Burial Site	
27. Signature of Interment Site		28. Signature of Burial Site	
29. Signature of Interment Site		30. Signature of Burial Site	
31. Signature of Interment Site		32. Signature of Burial Site	
33. Signature of Interment Site		34. Signature of Burial Site	
35. Signature of Interment Site		36. Signature of Burial Site	
37. Signature of Interment Site		38. Signature of Burial Site	
39. Signature of Interment Site		40. Signature of Burial Site	
41. Signature of Interment Site		42. Signature of Burial Site	
43. Signature of Interment Site		44. Signature of Burial Site	
45. Signature of Interment Site		46. Signature of Burial Site	
47. Signature of Interment Site		48. Signature of Burial Site	
49. Signature of Interment Site		50. Signature of Burial Site	
51. Signature of Interment Site		52. Signature of Burial Site	
53. Signature of Interment Site		54. Signature of Burial Site	
55. Signature of Interment Site		56. Signature of Burial Site	
57. Signature of Interment Site		58. Signature of Burial Site	
59. Signature of Interment Site		60. Signature of Burial Site	
61. Signature of Interment Site		62. Signature of Burial Site	
63. Signature of Interment Site		64. Signature of Burial Site	
65. Signature of Interment Site		66. Signature of Burial Site	
67. Signature of Interment Site		68. Signature of Burial Site	
69. Signature of Interment Site		70. Signature of Burial Site	
71. Signature of Interment Site		72. Signature of Burial Site	
73. Signature of Interment Site		74. Signature of Burial Site	
75. Signature of Interment Site		76. Signature of Burial Site	
77. Signature of Interment Site		78. Signature of Burial Site	
79. Signature of Interment Site		80. Signature of Burial Site	
81. Signature of Interment Site		82. Signature of Burial Site	
83. Signature of Interment Site		84. Signature of Burial Site	
85. Signature of Interment Site		86. Signature of Burial Site	
87. Signature of Interment Site		88. Signature of Burial Site	
89. Signature of Interment Site		90. Signature of Burial Site	
91. Signature of Interment Site		92. Signature of Burial Site	
93. Signature of Interment Site		94. Signature of Burial Site	
95. Signature of Interment Site		96. Signature of Burial Site	
97. Signature of Interment Site		98. Signature of Burial Site	
99. Signature of Interment Site		100. Signature of Burial Site	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 1766

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Walter Wesstedt2. DATE
OF
DEATHFeb. 15, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore City, Md.B. FULL NAME OF
HOSPITAL OR
INSTITUTIONSouth Baltimore General Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY Anne before admission)Md.Glen Burnie

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

600 5th. Ave. S. E. Glen Burnie

5. SEX

M.

6. COLOR OR RACE

W.7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)M.

8. DATE OF BIRTH

July 11.9. AGE (In years
last birthday)58If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Asst. Clerk10B. KIND OF BUSINESS OR
INDUSTRYOrthopedic

13. FATHER'S NAME

August Wesstedt15. WAS DECEASED
(Yes, no or unknown)16. SOCIAL
SECURITY NO.no213-10-8200

17. INFORMANT

ADDRESS

Walter M. Wesstedt18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Coronary insufficiency
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Arteriosclerotic heart disease
DUE TO
(C)2 yrs.OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Thrombophlebitis of rt. leg.1 or 2 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 28, 1953, to Feb. 15, 1953, that I last saw the
deceased alive on Jan. 15, 1953, and that death occurred at 8:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

W. M. Conway

23B. ADDRESS

South Balto Genl Hosp

23C. DATE SIGNED

Feb. 15, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Feb 17-53

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cemetery

24D. LOCATION (City, town, or county)

Rutheburg Highway Ga Co Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

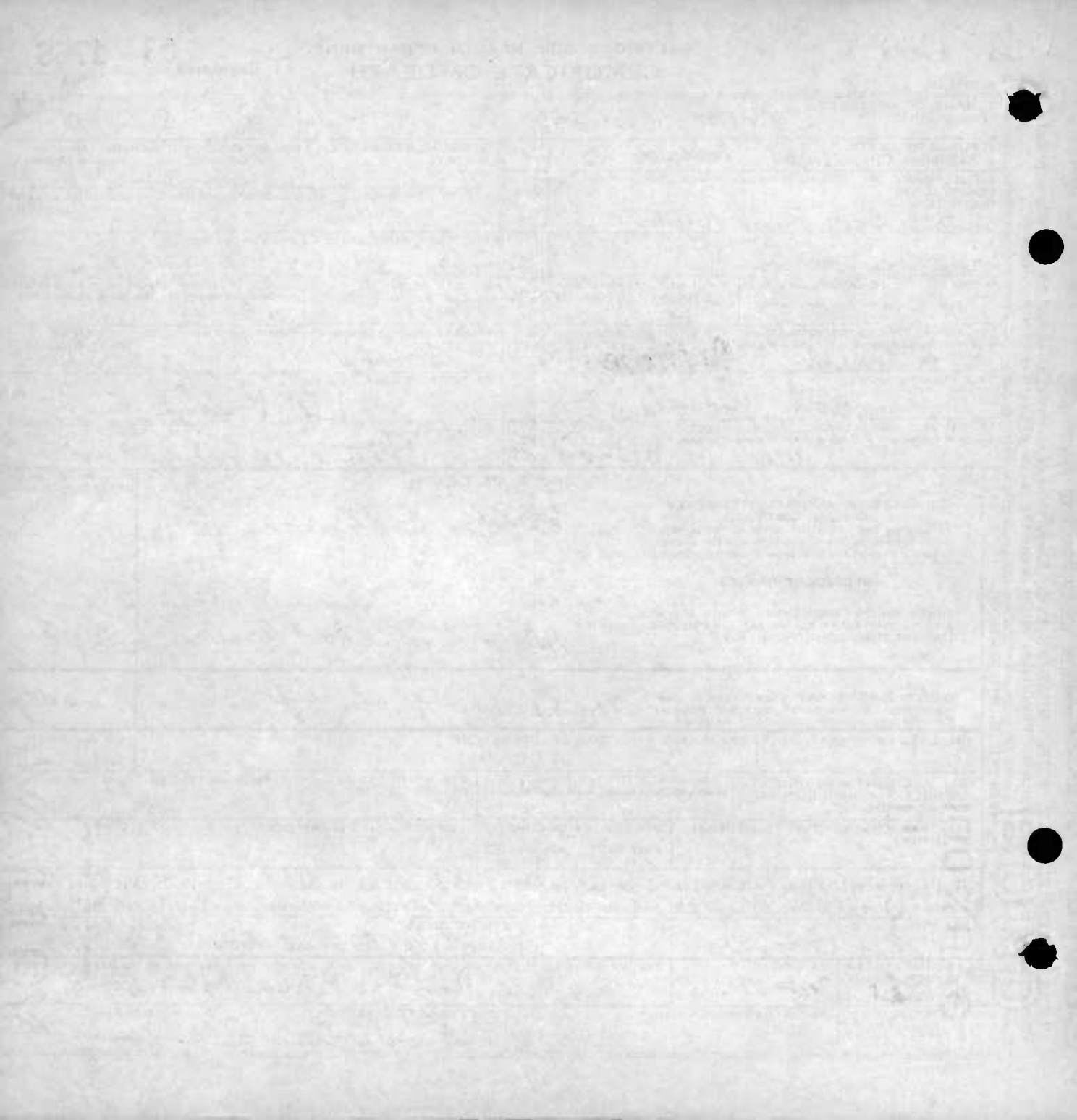
Huntington

25. FUNERAL DIRECTOR

Bernard G. Link

ADDRESS

Glen Burnie Md



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1767

Registered No.

BIRTH No. 53 1767

1. NAME OF DECEASED (Type or Print) ARLAY IRENE PARKS			2. DATE OF DEATH February 13, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. 33 Mos. Days			D. STREET ADDRESS (If rural, give location) 1629 E. Baltimore Street		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 19, 1918	9. AGE (In years last birthday) 34	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mifflinburg, Pa.	
13. FATHER'S NAME Martin Hommel			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			14. MOTHER'S MAIDEN NAME Hattie Troutman		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Geo. E. Cart, Mifflinburg, Pa.		

18. **581.1** CAUSE OF DEATHDISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Fatty liver**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Chronic alcoholism**

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William H. Wood</i>	23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input checked="" type="checkbox"/>	23C. DATE SIGNED Feb. 13, 1953
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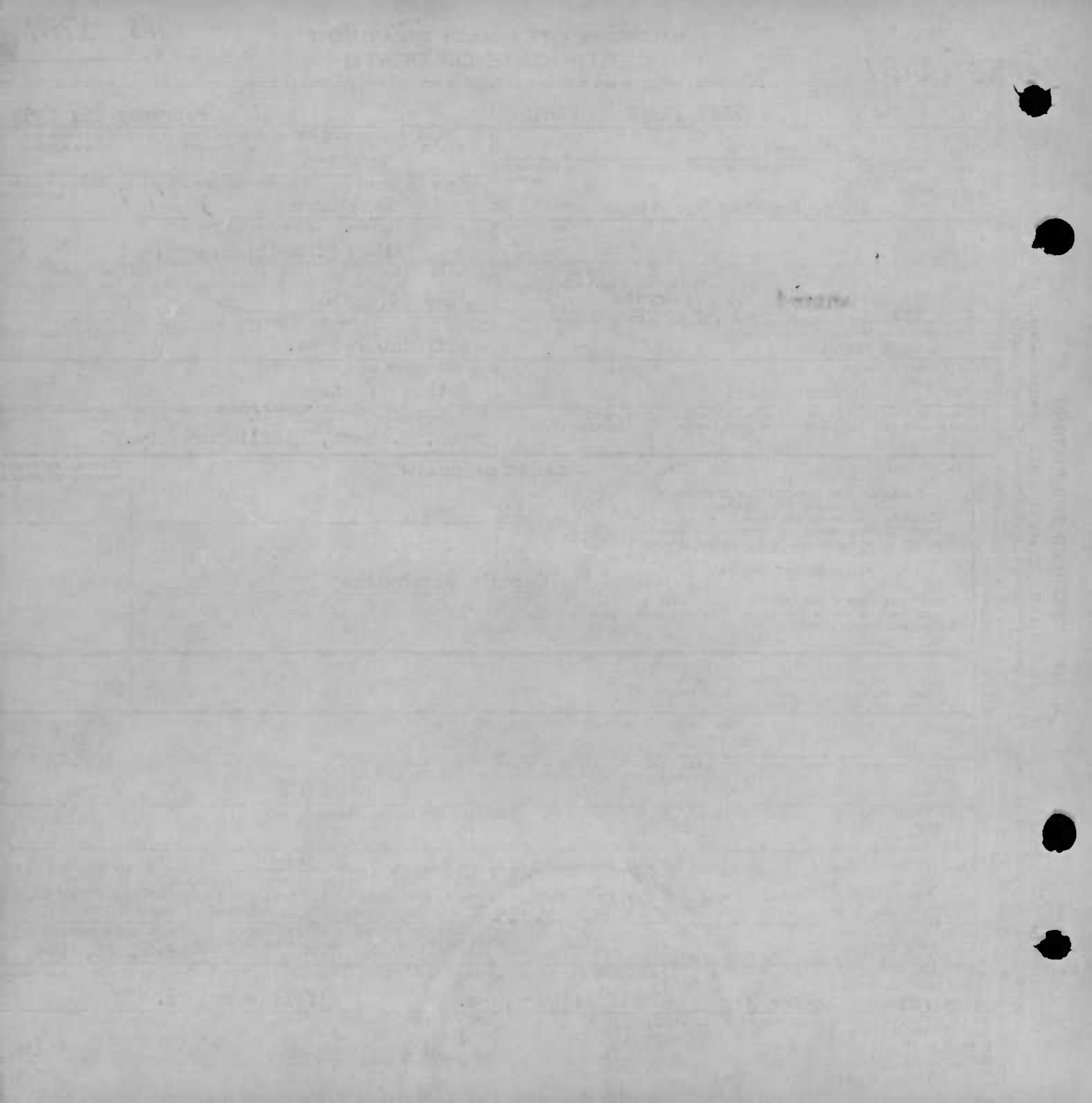
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 2-19-53	24C. NAME OF CEMETERY OR CREMATORY Mifflinburg, Pa.	24D. LOCATION (City, town, or county) (State) Mifflinburg, Pa.
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DATE RECEIVED BY LOCAL REGISTRAR FEB 16 1953	REGISTRAR'S SIGNATURE <i>H. J. ...</i>	25. FUNERAL DIRECTOR A. W. JENKINS & SONS Co. 4905 YORK RD.	ADDRESS
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VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 1768BIRTH NO. 640 1768

1. NAME OF DECEASED (Type or Print) <u>Charles Burrell</u>		2. DATE OF DEATH <u>2-15-53</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>md.</u> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Provident Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
c. Length of stay in Baltimore <u>40 yrs.</u>		D. STREET ADDRESS (If rural, give location) <u>1513 Bevard St.</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>Caucasian</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 3, 1887</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>65</u>
13. FATHER'S NAME <u>Provident Burrell</u>		11. BIRTHPLACE (State or foreign country) <u>Na.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO. <u>218-10-9088</u>		14. MOTHER'S MAIDEN NAME <u>Merrill</u>	
17. INFORMANT <u>Virginia Burrell</u>		ADDRESS	

18. E983X CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) 2nd and 3rd Degree Burns
DUE TO
(B) 95% of Body
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

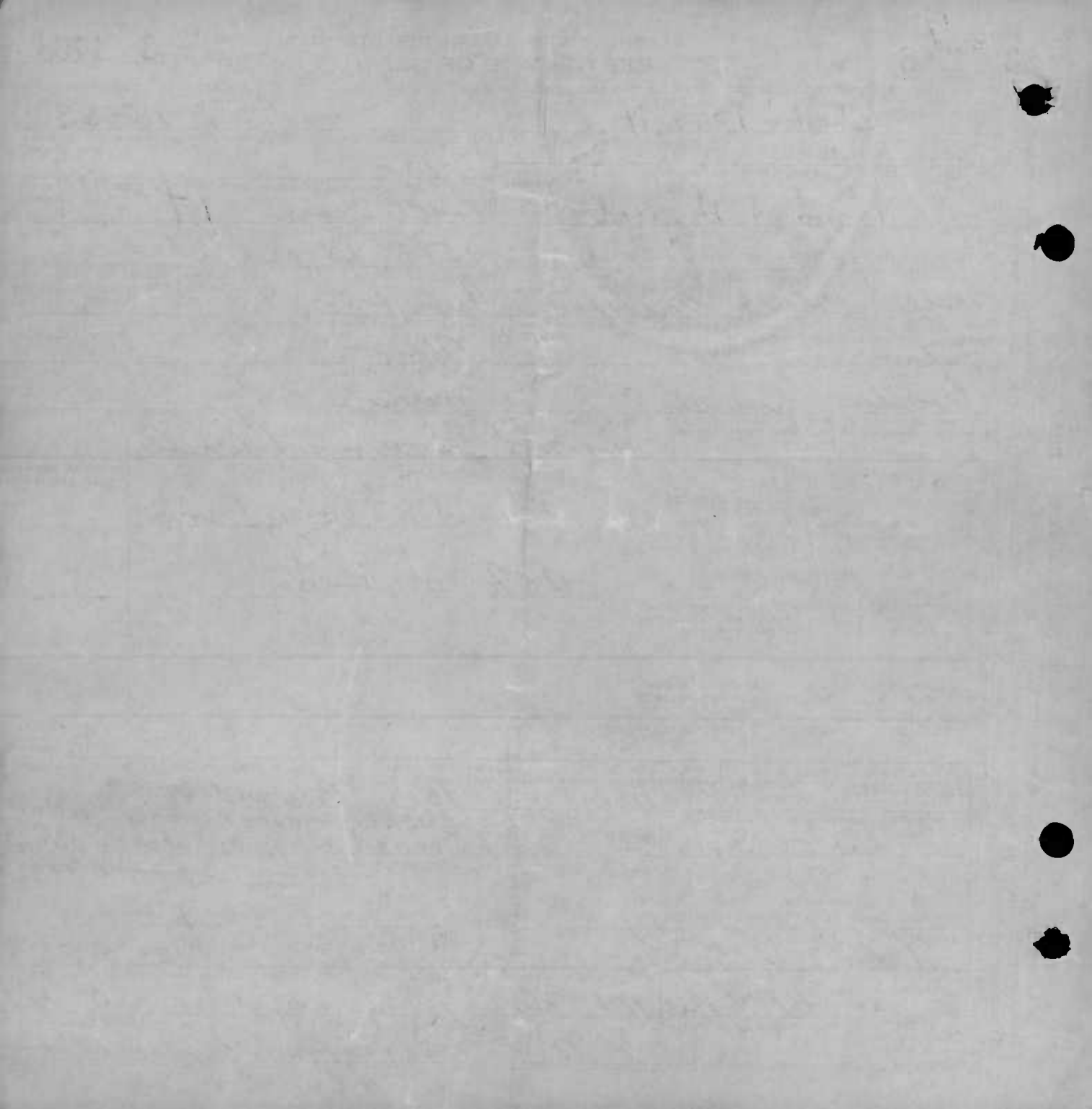
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>home.</u>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>1513 Bevard St.</u>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>2/4/53. 5p. m.</u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>Pushed against stove; fell over and burned when oil stove caught fire.</u>	
22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <u>William V. Smith</u>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>		23C. DATE SIGNED <u>2-15-53</u>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>Feb. 15, 1953</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary Cem.</u>	24D. LOCATION (City, town, or county) (State) <u>An. A. County Md.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>FEB 16 1953</u>	REGISTRAR'S SIGNATURE <u>Huntington</u>	25. FUNERAL DIRECTOR <u>Mrs. E. A. Elliott</u>	
VS 151		ADDRESS <u>1129 N. Caroline St.</u>	

N948.2

97099

1129 N. Caroline St.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 1769

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louis Raap

2. DATE
OF
DEATH

Feb. 14/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

3136 Leeds St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

3136 Leeds St

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Widower

8. DATE OF BIRTH

June 22, 1865

9. AGE (in years
last birthday)

87

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Butcher

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

----Raap

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
J. Louis Raap, 4405 Groveland Ave.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/25, 1952, to 2/14, 1953, that I last saw the
deceased alive on 2/14, 1953, and that death occurred at 1245 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Eliot W. Johnson M.D.

23B. ADDRESS

3432 Euclid Ave.

23C. DATE SIGNED

2/16/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 17/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore 29, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

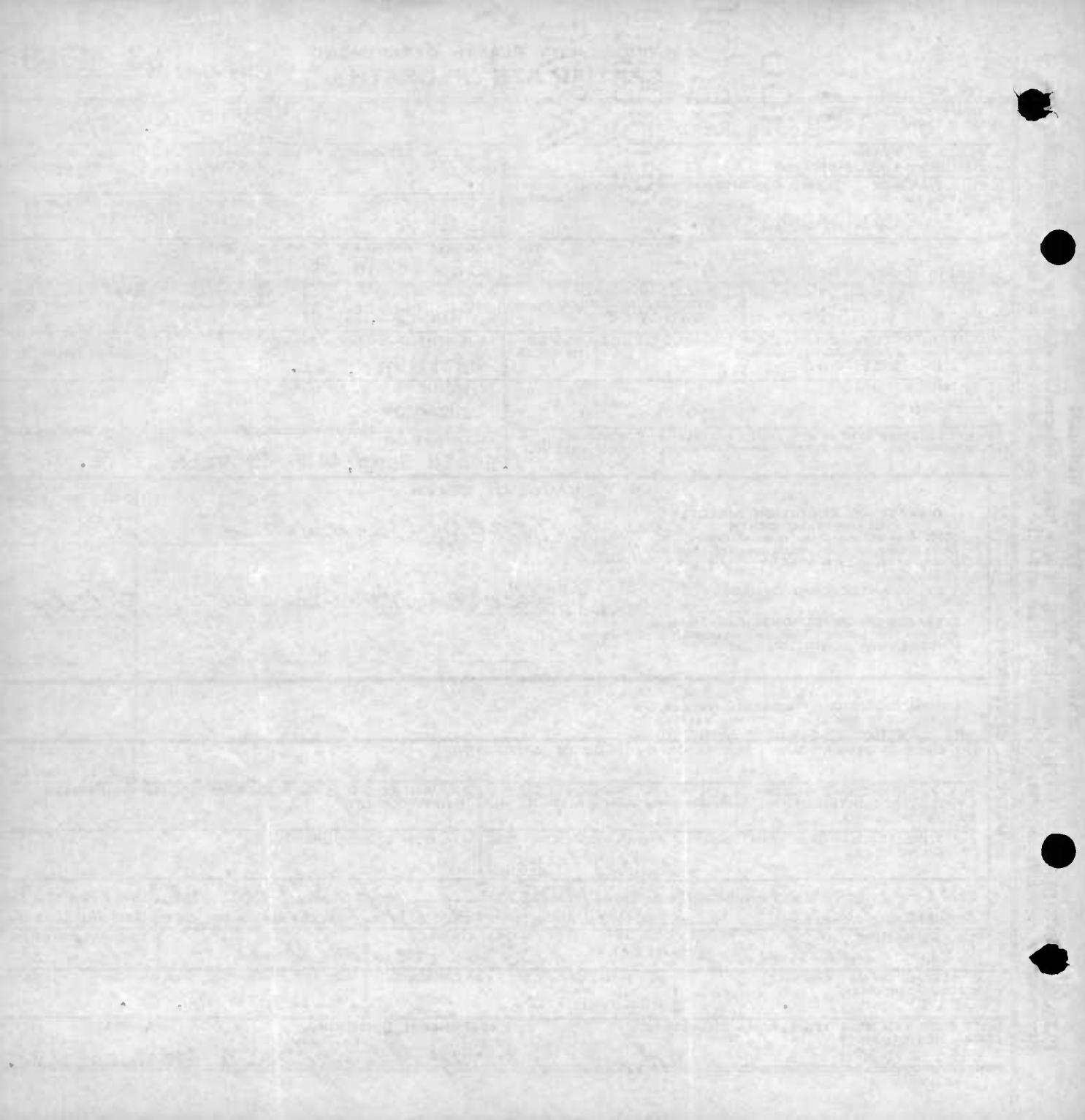
Huntington 153

25. FUNERAL DIRECTOR

Harry A. Witzke

ADDRESS

4101 Edmondson Ave.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 1770

546
AB-167848

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ronald Smolar

2. DATE
OF
DEATH

Feb. 16-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONBaltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Anne Arundel

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Edgewater

D. STREET ADDRESS (If rural, give location)

Sailbury (Salsbury) Road

c. Length of stay in Baltimore 10hrs.

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

Sept. 5-1947

9. AGE (in years
last birthday)

5

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maine

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Anton Smolar

14. MOTHER'S MAIDEN NAME

Florence Clark

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMATION ADDRESS
Baltimore City Hospitals
Records: 4940 Eastern Ave. ✓

18. 057.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Meningococcemia

16 hrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-15-1953 to 2-16-1953, that I last saw the
deceased alive on 2-16-1953, and that death occurred at 2:31A. m., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Lewis

M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

2-16-1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2-17-1953

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 16 1953

*H. J. Lewis**John V. Taylor & Son*

100-100000

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1771

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George Lewis Todd

2. DATE
OF
DEATH Feb. 15, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION 3625 Roberts PlaceC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)
Baltimore 26-44

D. STREET ADDRESS (If rural, give location)

3625 Roberts Place

c. Length of stay in Baltimore

20-- Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 2, 1891

9. AGE (in years
last birthday)

61

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Freight Conductor

10B. KIND OF BUSINESS OR
INDUSTRY

Pa.R.R.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Todd

14. MOTHER'S MAIDEN NAME

Laura Mitchell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Mrs. Anna M. Todd 3625 Roberts Place

18. 44-2X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

1950

Sept 1946

Sept 1946

MEDICAL CERTIFICATION

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15, 1946, to Feb 15, 1953, that I last saw the
deceased alive on Feb 13, 1953, and that death occurred at 8:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

2-18-1953

Woodlawn

Woodlawn

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

G. Howard Strong 3207 W. North Ave.,

a. g. Blackman

Mon - 1-5 pm

3426 Bank St

Or 3249

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 58-1772

BIRTH NO. 58 1772

1. NAME OF DECEASED
(Type or Print)

Anna Mooney

2. DATE
OF
DEATH

2/13/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Siani Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

8-01

D. STREET ADDRESS (If rural, give location)

2817 Brendan Ave.

c. Length of stay in Baltimore

approx 47 years

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 16, 1889

9. AGE (in years last birthday)

63 years

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Michael King

14. MOTHER'S MAIDEN NAME

Barbara Mc Donough

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Thomas Mooney - 2817 Brendan Ave.

18. E900.0 and 260x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Pulmonary Embolus

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

LEFT FRACTURE OF H.I.P.

CERTIFICATION APPROVED BY

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

CHIEF OR ASS. MEDICAL EXAMINER.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

2817 Brendan Avenue, city 13

8/1

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

1/20/53 11:30

21E. INJURY OCCURRED

WHILE AT WORK

NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

Pell down cedar steps

22. I hereby certify that I attended the deceased from Feb 1, 1953, to Feb 13, 1953; that I last saw the deceased alive on Feb 12, 1953, and that death occurred at 7:25 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Jack Fin

M. D.

23B. ADDRESS

Siani Hosp.

23C. DATE SIGNED

2/13/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb.

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 16 1953

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

John A. Moran

ADDRESS

3000 E. Baltimore St

RECEIVED - 1942

10/17

RECEIVED - 1942

RECEIVED - 1942

RECEIVED - 1942

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RECEIVED - 1942

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1773

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)C. CITY OR TOWN (If outside corporate limits, write rural and give
township)

C. Length of stay in Baltimore

O. STREET ADDRESS (If rural, give location)

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/5, 1952, to 2/15, 1953, that I last saw the
deceased alive on 2/8, 1953, and that death occurred at 5:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 16 1953

VS 150

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VETERANS AFFAIRS
OFFICE OF THE ASSISTANT SECRETARY FOR VETERANS AFFAIRS
WASHINGTON, D. C. 20460

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

NAME OF BURIAL

DATE OF INTERMENT

PLACE OF INTERMENT

NAME OF INTERMENT

DATE OF CREMATION

PLACE OF CREMATION

NAME OF CREMATION

DATE OF REINTERMENT

PLACE OF REINTERMENT

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NAME OF REINTERMENT

DATE OF REINTERMENT

PLACE OF REINTERMENT

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 177A

BIRTH NO.

1. NAME OF DECEASED (Type or Print) M. Emma Diehl Rinn			2. DATE OF DEATH Feb. 14, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 3713 Park Heights Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore,		
c. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) 3713 Park Heights Ave.,		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Jan. 8, 1876	9. AGE (In years last birthday) 77	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Cashier		10B. KIND OF BUSINESS OR INDUSTRY Insurance	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Deihl			14. MOTHER'S MAIDEN NAME Louise Fremin		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 216-01-5942	17. INFORMANT ADDRESS Miss Marguerite Diehl, 3713 Park Heights A.		
18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Parkinson's Disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic Cardiovascular Disease DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH 1 Year - 10 mos.		
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1950 to Feb 1953 , that I last saw the deceased alive on 2/12 , 1953, and that death occurred at 2 A. m. , from the causes and on the date stated above.					
23A. SIGNATURE L. Emmett Green		23B. ADDRESS Met Bldg Bldg Bath		23C. DATE SIGNED Feb 16, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE Feb. 17, 1953		24C. NAME OF CEMETERY OR CREMATORY Cathedral	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. FUNERAL DIRECTOR Vernon Lemmon		24F. ADDRESS 4611 Park Heights A.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 16 1953		REGISTRAR'S SIGNATURE Huntington		25. FUNERAL DIRECTOR ADDRESS 4611 Park Heights A.	

CERTIFICATE OF DEATH

1900

1900

1900

1900

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1900

THE PLACED BY, WITH UNFADING INK. Every item of information should be carefully supplied. The age is especially important. Physicians: please write the causes of death clearly and legibly.

Medical Examiners Case
Referred to Hospital BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1775

Registered No. _____

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>John Knup</i>			2. DATE OF DEATH <i>February 14, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Med. Cpl 6</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>2</i>			5. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			D. STREET ADDRESS (If rural, give location) <i>711 S. Bond St.</i>			6. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		
7. SEX <i>Male</i>	8. COLOR OR RACE <i>White</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	10. DATE OF BIRTH <i>1 - - 83</i>		11. AGE (In years last birthday) <i>70</i>	12. If Under 1 Year Months: _____ Days: _____	13. If Under 24 Hours Hours: _____ Min. _____	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>gen.</i>			11. BIRTHPLACE (State or foreign country) <i>Poland</i>		
12. CITIZEN OF WHAT COUNTRY? <i>?</i>			13. FATHER'S NAME <i>P</i>			14. MOTHER'S MAIDEN NAME <i>?</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		
18. ADDRESS			19. ADDRESS			20. ADDRESS		

18. <i>061X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Pharyngeal Tetanus</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		CERTIFICATION APPROVED BY <i>Plt. Fisher</i> CHIEF OR ASST. MEDICAL EXAMINER

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Lung abscess</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19A. DATE OF OPERATION <i>2</i>	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2-14</i> , 19 <i>53</i> , to <i>2-14</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>2-14</i> , 19 <i>53</i> and that death occurred at <i>4:25 P.</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Richard N. Peeler</i> M. D.		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>2/15/53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Feb 17/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Rosary Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Gorman Hill Rd Baltimore Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 16 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington</i>	25. FUNERAL DIRECTOR <i>John J. Duda Inc 2829 Hudson St.</i>	

97099
 Certificate to be approved by Medical Examiner

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL
IN SENATE

1901

REPORT OF THE

COMMISSIONER OF THE LAND OFFICE

H-435
53 1776BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1776
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RAYMOND

HILTON

2. DATE
OF DEATH
February 15, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Franklin Square Hospital4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
Maryland
B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 19-02D. STREET ADDRESS (If rural, give location)
20 N. Calhoun Street

C. Length of stay in Baltimore

Unknown

Yrs.
Mos.
Days

5. SEX

White

6. COLOR OR RACE

Male

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
divorced

8. DATE OF BIRTH

Aug 12, 1903

9. AGE (In years
last birthday)

49

If Under 1 Year
Months Days Hours Min.

11. BIRTHPLACE (State or foreign country)

Pembroke Virginia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

Chef Cook

10B. KIND OF BUSINESS OR INDUSTRY

Restaurant

13. FATHER'S NAME

J. H. Hilton

14. MOTHER'S MAIDEN NAME

Lerance Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give way or dates of service)

No

16. SOCIAL
SECURITY NO.

290-03-3749

17. INFORMANT

Brother

ADDRESS

18. 581.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Fatty Infiltration of the Liver

XXXX

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Acute and Chronic Alcoholism

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. F. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
2/16/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

Feb. 16, 1953

24C. NAME OF CEMETERY OR CREMATORY

William's Funeral Home, Pembroke, Virginia

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington 1953 0

25. FUNERAL DIRECTOR

Earl B. Wharton Funeral Home, Inc.

ADDRESS

VS 151

754 6M

403-E-25th St, Baltimore-18, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied in the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Mr. J. H. Weston
City of New York

1880-1881

General

Department of the Interior

Washington, D. C.

June 15, 1881

Enclosed for the Department of the Interior
are the following documents:

1944

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53 1778

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 1778

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph Kornblatt

2. DATE
OF
DEATH

2/16/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)

South Baltimore General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

15-12

D. STREET ADDRESS (If rural, give location)

3838 Reisterstown Rd.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single.

8. DATE OF BIRTH

6/10/1903

9. AGE (In years
last birthday)

49

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

School Teacher

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Jacob Kornblatt

14. MOTHER'S MAIDEN NAME

Anna Smobritsky.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Miss Rose Kornblatt

ADDRESS 3838

Reisterstown Rd.

18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Hemorrhage hours.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive cardio
vascular disease

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

Years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (a. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/16/53, 19__, to 2/16/53, 19__, that I last saw the
deceased alive on 2/16/53, 19__ and that death occurred at 11:50 A. m., from the causes and on the date stated above.

23A. SIGNATURE

W. M. Conway

23B. ADDRESS

M. D. North Balto Genl Hosp.

23C. DATE SIGNED

2/16/53

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

Burial

24B. DATE

2/17/53

24C. NAME OF CEMETERY OR CREMATORY

Tiferes Israel

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

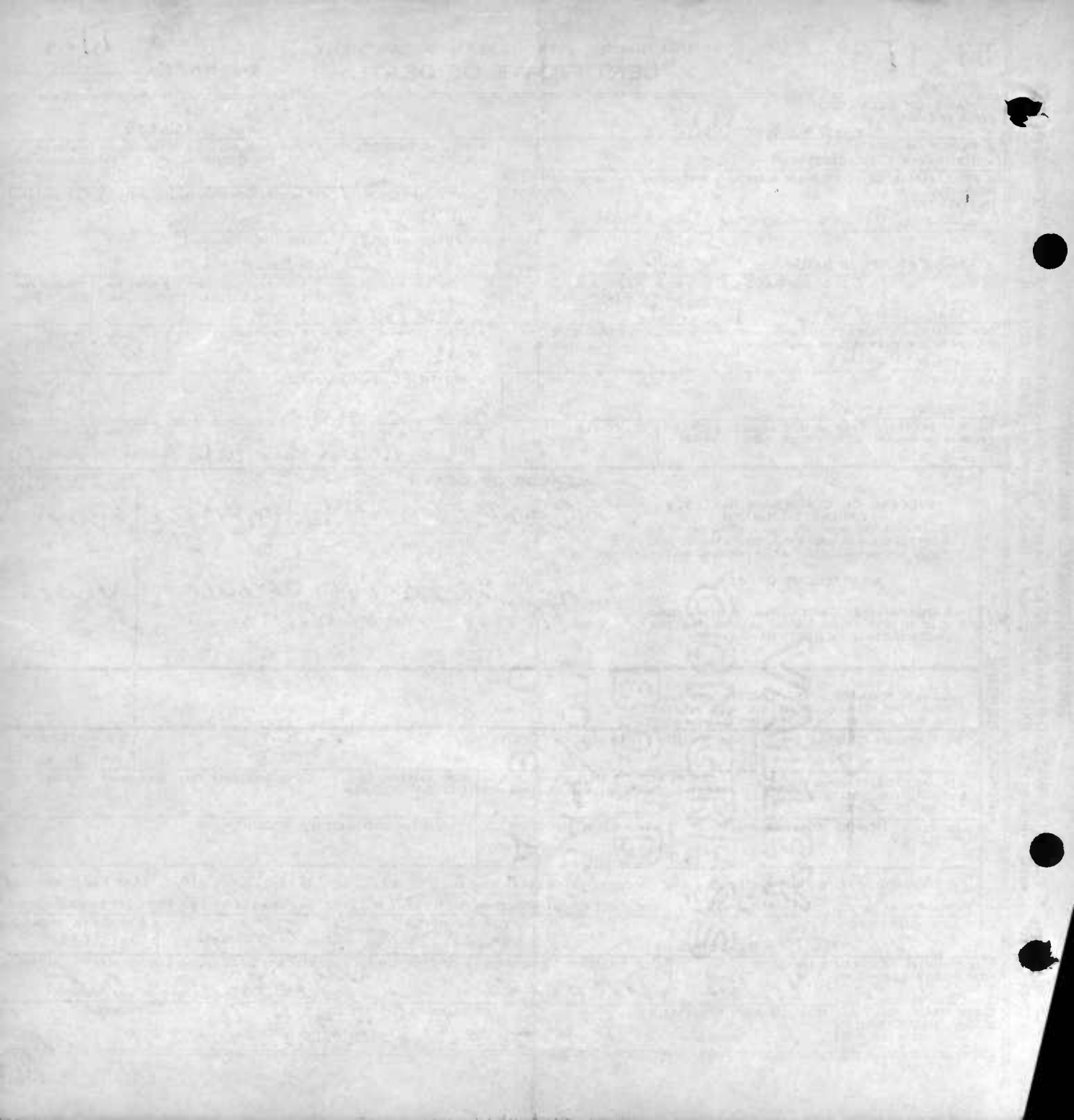
Huntington

25. FUNERAL DIRECTOR

3. 6166 Pennington

ADDRESS

Brook-1124-26



53 1879

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1879
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sophie Goldschmidt

2. DATE
OF
DEATH

2-15-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

Doctors Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 13-01

C. Length of stay in Baltimore

15

Yrs.
Moor
Days

D. STREET ADDRESS (If rural, give location)

2406 Lakewood Ave

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)

73

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Moses Kahn

14. MOTHER'S MAIDEN NAME

Lara

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Milton Goldschmidt

18. 446x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Acute UREMIA

DUE TO

ANTECEDENT CAUSES

(B)

Sclerotic Kidney

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

Gen. Arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

Senility

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 2-11, 1953 to 2-15, 1953 that I last saw the
deceased alive on 2-15, 1953 and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Harold H. Bix

M. O.

23B. ADDRESS

2516 Linden Ave

23C. DATE SIGNED

2-16-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 17 1953

Huntington P. Bix

JACK KENTON

2100 Centur Pl

BATON Rouge, LA HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Race		4. Date of Birth		5. Date of Death	
6. Place of Birth		7. Usual Residence		8. Cause of Death		9. Manner of Death		10. Signature of Physician	
11. Signature of Registrar		12. Signature of Medical Examiner		13. Signature of Coroner		14. Signature of Jury		15. Signature of Judge	
16. Signature of Minister		17. Signature of Priest		18. Signature of Rabbi		19. Signature of Imam		20. Signature of Other	
21. Signature of Burial Director		22. Signature of Cemetery		23. Signature of Funeral Home		24. Signature of Undertaker		25. Signature of Embalmer	
26. Signature of Transporter		27. Signature of Reinterment		28. Signature of Crematorium		29. Signature of Other		30. Signature of Other	
31. Signature of Other		32. Signature of Other		33. Signature of Other		34. Signature of Other		35. Signature of Other	
36. Signature of Other		37. Signature of Other		38. Signature of Other		39. Signature of Other		40. Signature of Other	
41. Signature of Other		42. Signature of Other		43. Signature of Other		44. Signature of Other		45. Signature of Other	
46. Signature of Other		47. Signature of Other		48. Signature of Other		49. Signature of Other		50. Signature of Other	
51. Signature of Other		52. Signature of Other		53. Signature of Other		54. Signature of Other		55. Signature of Other	
56. Signature of Other		57. Signature of Other		58. Signature of Other		59. Signature of Other		60. Signature of Other	
61. Signature of Other		62. Signature of Other		63. Signature of Other		64. Signature of Other		65. Signature of Other	
66. Signature of Other		67. Signature of Other		68. Signature of Other		69. Signature of Other		70. Signature of Other	
71. Signature of Other		72. Signature of Other		73. Signature of Other		74. Signature of Other		75. Signature of Other	
76. Signature of Other		77. Signature of Other		78. Signature of Other		79. Signature of Other		80. Signature of Other	
81. Signature of Other		82. Signature of Other		83. Signature of Other		84. Signature of Other		85. Signature of Other	
86. Signature of Other		87. Signature of Other		88. Signature of Other		89. Signature of Other		90. Signature of Other	
91. Signature of Other		92. Signature of Other		93. Signature of Other		94. Signature of Other		95. Signature of Other	
96. Signature of Other		97. Signature of Other		98. Signature of Other		99. Signature of Other		100. Signature of Other	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

520
53 1780

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1780

BIRTH NO.		1. NAME OF DECEASED (Type or Print) JAMES, VIRGIE		2. DATE OF DEATH 2/15/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE md B. COUNTY Worcester			
B. FULL NAME OF HOSPITAL OR INSTITUTION 38 University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocomoke City, Md			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 7229			
5. SEX F	6. COLOR OR RACE b	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH Mar-4-1917	9. AGE (In years last birthday) 38	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) peeler		10B. KIND OF BUSINESS OR INDUSTRY Canning Factory		11. BIRTHPLACE (State or foreign country) Pocomoke City, Md.	
13. FATHER'S NAME Edward Knox		14. MOTHER'S MAIDEN NAME Alice James			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. -		17. INFORMANT ADDRESS Hospital records ✓	
18. 364x and 018.2		CAUSE OF DEATH Polynuronitis, ? etiol.			INTERVAL BETWEEN ONSET AND DEATH 2 wks
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) DUE TO			
ANTECEDENT CAUSES		(B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Tuberculosis			?
19A. DATE OF OPERATION 2/1		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/9 , 19 53 , to 2/15 , 19 53 , that I last saw the deceased alive on 3/15 , 19 53 , and that death occurred at 2:50 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE A. Smith, Jr.		23B. ADDRESS University Hospital		23C. DATE SIGNED 2/16/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2-22-53		24C. NAME OF CEMETERY OR CREMATORY Unionville Cem	
24D. LOCATION (City, town, or county) (State) Pocomoke City Md		25. FUNERAL DIRECTOR ADDRESS Samuel W. Sullivan Jr			
DATE RECEIVED BY LOCAL REGISTRAR FEB 17 1953		REGISTRAR'S SIGNATURE Huntington		25. FUNERAL DIRECTOR ADDRESS Samuel W. Sullivan Jr	

UNITED STATES DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of medical examiner		12. Signature of coroner	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery	
16. Signature of health officer		17. Signature of local health board		18. Signature of state health department	
19. Signature of federal health department		20. Signature of international health organization		21. Signature of other authorities	
22. Signature of witnesses		23. Signature of jury		24. Signature of court	
25. Signature of other officials		26. Signature of other officials		27. Signature of other officials	
28. Signature of other officials		29. Signature of other officials		30. Signature of other officials	
31. Signature of other officials		32. Signature of other officials		33. Signature of other officials	
34. Signature of other officials		35. Signature of other officials		36. Signature of other officials	
37. Signature of other officials		38. Signature of other officials		39. Signature of other officials	
40. Signature of other officials		41. Signature of other officials		42. Signature of other officials	
43. Signature of other officials		44. Signature of other officials		45. Signature of other officials	
46. Signature of other officials		47. Signature of other officials		48. Signature of other officials	
49. Signature of other officials		50. Signature of other officials		51. Signature of other officials	
52. Signature of other officials		53. Signature of other officials		54. Signature of other officials	
55. Signature of other officials		56. Signature of other officials		57. Signature of other officials	
58. Signature of other officials		59. Signature of other officials		60. Signature of other officials	
61. Signature of other officials		62. Signature of other officials		63. Signature of other officials	
64. Signature of other officials		65. Signature of other officials		66. Signature of other officials	
67. Signature of other officials		68. Signature of other officials		69. Signature of other officials	
70. Signature of other officials		71. Signature of other officials		72. Signature of other officials	
73. Signature of other officials		74. Signature of other officials		75. Signature of other officials	
76. Signature of other officials		77. Signature of other officials		78. Signature of other officials	
79. Signature of other officials		80. Signature of other officials		81. Signature of other officials	
82. Signature of other officials		83. Signature of other officials		84. Signature of other officials	
85. Signature of other officials		86. Signature of other officials		87. Signature of other officials	
88. Signature of other officials		89. Signature of other officials		90. Signature of other officials	
91. Signature of other officials		92. Signature of other officials		93. Signature of other officials	
94. Signature of other officials		95. Signature of other officials		96. Signature of other officials	
97. Signature of other officials		98. Signature of other officials		99. Signature of other officials	
100. Signature of other officials		101. Signature of other officials		102. Signature of other officials	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1781

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LAURA V. HALL

2. DATE
OF
DEATH

FEB 10 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 10-01

D. STREET ADDRESS (If rural, give location)

1213 Harford Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCE (Specify)

female Colored

married

8. DATE OF BIRTH

3-17-00

9. AGE (In years last birthday)

52

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

John Bailey

14. MOTHER'S MAIDEN NAME

Annie Ruff

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

✓

18. 570.5 and 037X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Post-operative peritonitis

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Intestinal Obstruction

DUE TO

2 mths.

(C) Lymphopathia Venereum

—

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Cardio-vascular renal disease

—

19A. DATE OF OPERATION

2/11/53

19B. MAJOR FINDINGS OF OPERATION

Intestinal Obstruction.

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2-10-1953 to 2-16-1953 that I last saw the deceased alive on 2-16-1953 and that death occurred at 4:35 Am., from the causes and on the date stated above.

23A. SIGNATURE

Dwight P. McLean

M. O.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2/16/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-19-53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Zion Cem

24D. LOCATION (City, town, or county) (State)

Harford Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Mrs. Frances G. Hensley Bidle

ADDRESS

VS 150

John V. Hall

John V. Hall

John V. Hall

John V. Hall

John V. Hall

John V. Hall

John V. Hall

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John V. Hall

John V. Hall

John V. Hall

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1782
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alexander R. Butler

2. DATE
OF DEATH Feb. 15, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1327 Argyle Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1327 Argyle Ave.

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 28, 1884

9. AGE (in years
last birthday)

68

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Waiter

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Alexander Butler

14. MOTHER'S MAIDEN NAME

Mary Whye

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Ella Butler 1327 Argyle Ave.

18. 151X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Carcinoma of Stomach
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15, 1953, to Feb 15, 1953, that I last saw the
deceased alive on Feb 15, 1953, and that death occurred at 4:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

M. E. E. E.

23B. ADDRESS

803 N. Green St. Baltimore, Md.

23C. DATE SIGNED

Feb 16, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-18-53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

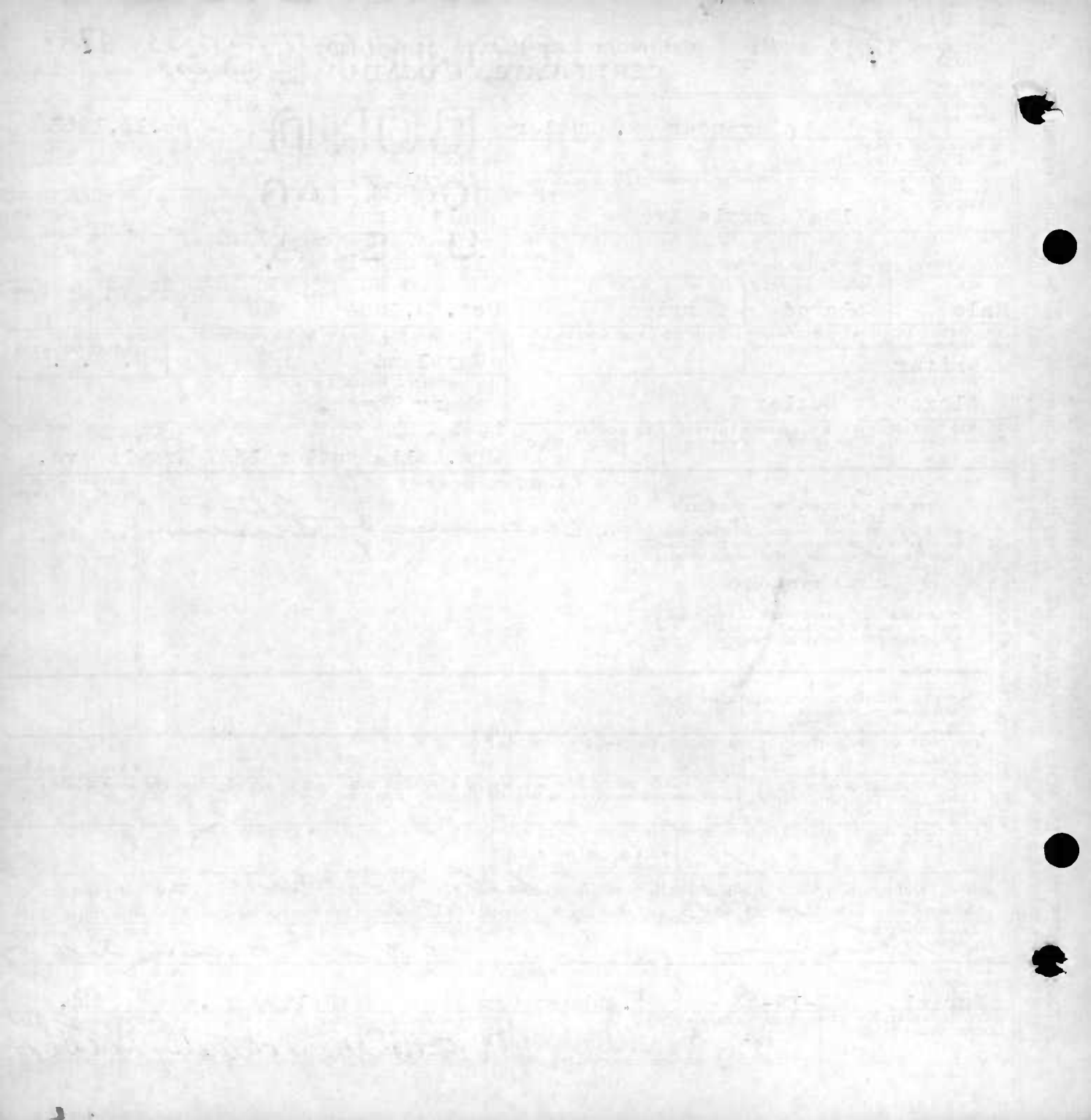
REGISTRAR'S SIGNATURE

Thompson

25. FUNERAL DIRECTOR

ADDRESS

Mrs. Frances C. Hensley 5784
Biddle St



53 1783

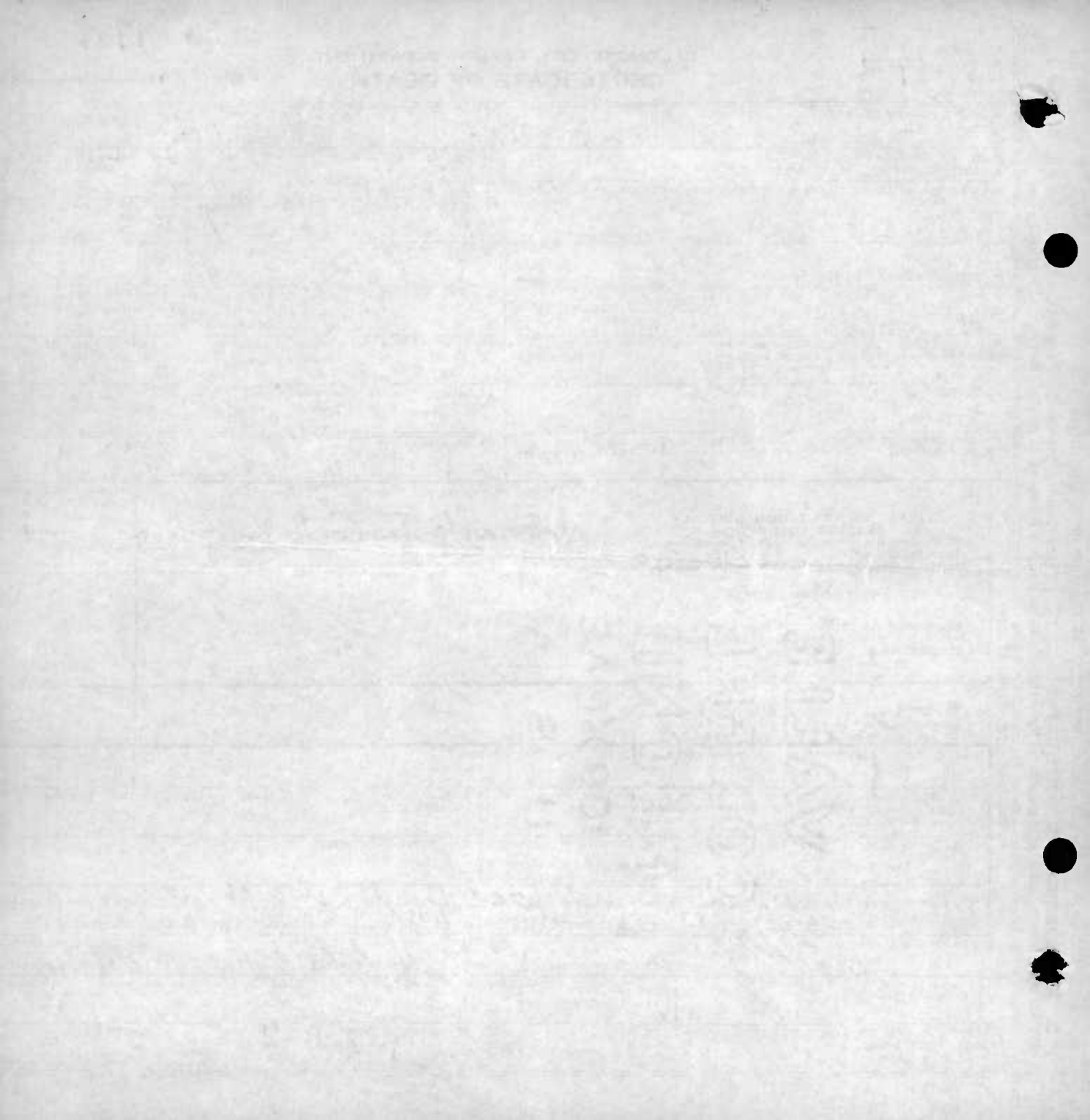
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 1783

1. NAME OF DECEASED (Type or Print) John CONNAUGHTON			2. DATE OF DEATH Feb. 16, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTO. Md.			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE MARYLAND B. COUNTY BALTO.		
B. FULL NAME OF HOSPITAL OR INSTITUTION ARDLEIGH CONVS. Home			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 1-02		
C. Length of stay in Baltimore 19 Yrs. Weeks Days			D. STREET ADDRESS (If rural, give location) 3 S. CURLEY ST.		
5. SEX M	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 14, 1863	9. AGE (In years last birthday) 89	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER.			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA.			13. FATHER'S NAME		
14. MOTHER'S MAIDEN NAME			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS MRS. AVERY PUNCAN. 5804 LEITCHWALK		
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Anteriosclerotic Cardio-Vascular Disease			INTERVAL BETWEEN ONSET AND DEATH		
DUE TO (A)					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B)					
DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.					
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb. 13, 1953 , to Feb. 16, 1953 , that I last saw the deceased alive on Feb. 15, 1953 , and that death occurred at 1:05 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE M. Zimmerman M. D.			23B. ADDRESS 2050 Hayford Rd		23C. DATE SIGNED Feb. 16, 1953
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE Feb. 18, 1953		24C. NAME OF CEMETERY OR CREMATORY HOLY REDEEMER	
24D. LOCATION (City, town, or county) (State) BALTO. Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR FEB 17 1953		24F. REGISTRAR'S SIGNATURE Huntington, Feb 15 1953	
24G. FUNERAL DIRECTOR DABROSK		24H. ADDRESS 2118 BALTIMORE ST			



53 1784

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1784

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

HELEN. JONES

2. DATE
OF
DEATH

2-15-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

UNIV. HOSP.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 7-04

D. STREET ADDRESS (If rural, give location)

1745 E. Eager St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

Oct 22, 1909

9. AGE (in years
last birthday)

42

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

N.W.

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Jones

14. MOTHER'S MAIDEN NAME

Margaret

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

William Slacum

18. 175X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

CARCINOMATOSIS

DUE TO

Pseudo-mucinous - cyst

ANTECEDENT CAUSES

(B)

ADENO-CARCINOMA of

DUE TO

OVARY.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2-13-53

19B. MAJOR FINDINGS OF OPERATION

Int. Obstruction - METASTATIC LEIOMYOSARCOMA

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-13/53, to 2-15/53, 19__, that I last saw the
deceased alive on 2-15-53 19__, and that death occurred at 6:00 Am., from the causes and on the date stated above.

23A. SIGNATURE

Wm. R. Jones

23B. ADDRESS

Univ. Hosp.

23C. DATE SIGNED

2/15/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Feb 19/53

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Green Park Arbutus Md.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. J. Jones

25. FUNERAL DIRECTOR

ADDRESS

Wm. A. Ellis & Daughter

1129 N. Caroline St.

UNITED STATES DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

15-58

15-58

15-58

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15-58

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1785
Registered No. 53 1785

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John C. Schwartz

2. DATE
OF
DEATH

Feb. 16th. 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1611 Cliftview Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

1611 Cliftview Avw. (18)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore Md. 8-05

C. Length of stay in Baltimore

life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1611 Cliftview Ave.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

May 17, 1871

9. AGE (in years
last birthday)

81

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Marble Cutter

10B. KIND OF BUSINESS OR
INDUSTRY

Retired

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Schwartz

14. MOTHER'S MAIDEN NAME

Amelia ---

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Edna Oyler. 1611 Cliftview Ave. (18)

18. 334X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Myocarditis
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Cerebral Arterio Sclerosis
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1953, to Feb 16, 1953, that I last saw the
deceased alive on Feb 14, 1953, and that death occurred at 6 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Jacob F. Fisher M. D.

23B. ADDRESS

3422 Belair Rd.

23C. DATE, SIGNED

2/17/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 19/53

24C. NAME OF CEMETERY OR CREMATORY

Balto. Cem.

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington, D. D. D.

25. FUNERAL DIRECTOR

ADDRESS

Philip Herwig Sons,

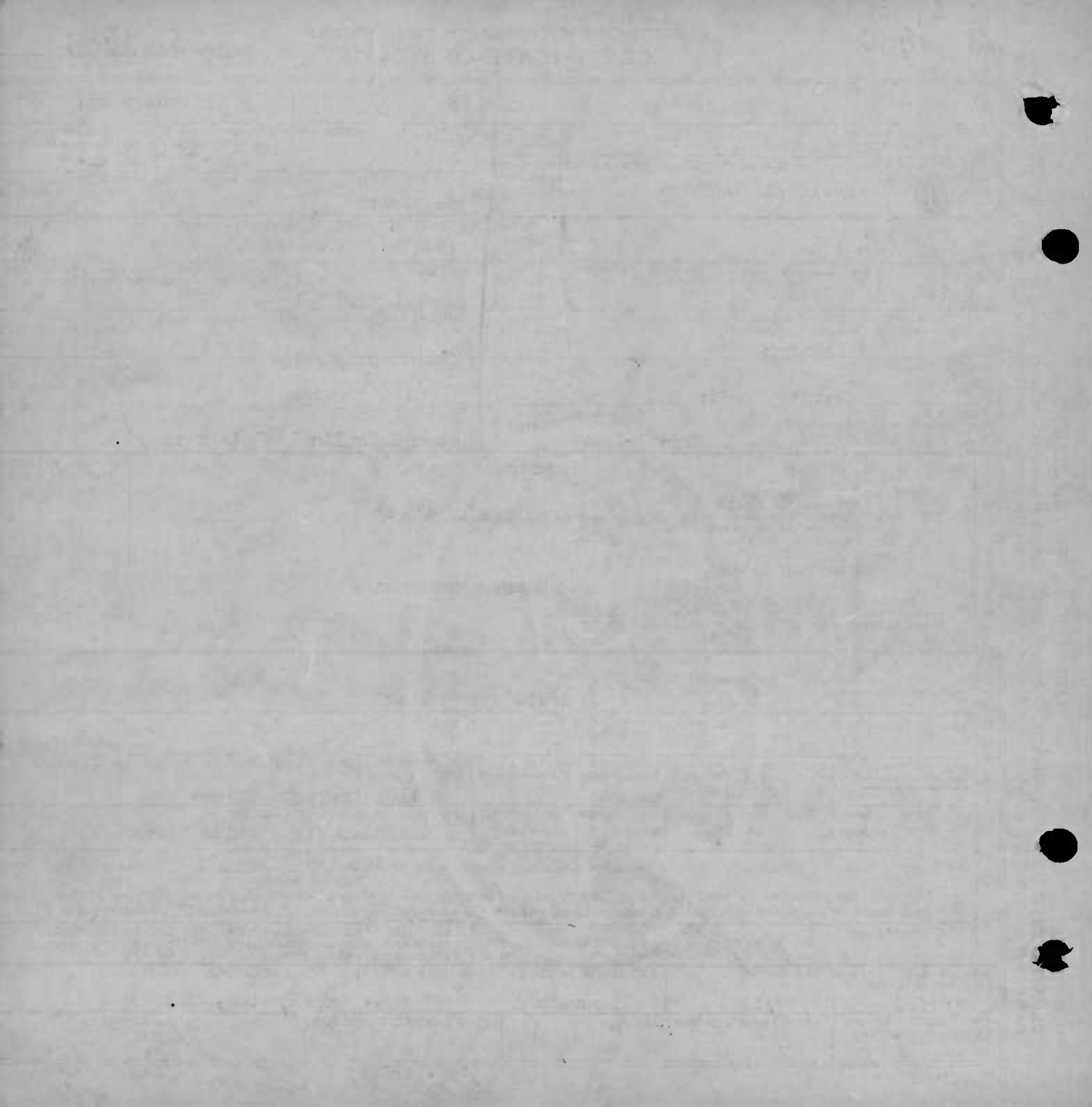
2024 Orleans St

53 1786

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1786

BIRTH NO.		1. NAME OF DECEASED (Type or Print) BERNARD TOMLIN		2. DATE OF DEATH February 15, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 13-01			
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore ?		D. STREET ADDRESS (If rural, give location) 1514 N. Mont Street			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 7/12/10	9. AGE (In years last birthday) 42	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Gen		11. BIRTHPLACE (State or foreign country) Va.	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Warner Tomlin			
14. MOTHER'S MAIDEN NAME Julia Wiggins		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no 16. SOCIAL SECURITY NO. 218-01-1797			
17. INFORMANT Raymond Tomlin		ADDRESS 1101 Laurens St.			
18. E 900.0 and 322.0		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fracture of Skull		(A) XXXXX			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Subdural Hemorrhage		(B) XXXXX			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Acute Alcoholism		(C)			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) house		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1101 Lawrence Street	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 2/15/53 9:00 A. m.		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Fell down steps while drunk	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE [Signature]		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED 2/16/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/19/53		24C. NAME OF CEMETERY OR CREMATORY Lancaster	
24D. LOCATION (City, town, or county) (State) Lancaster, Va.		25. FUNERAL DIRECTOR 1303			
DATE RECEIVED BY LOCAL REGISTRAR FEB 17 1953		REGISTRAR'S SIGNATURE [Signature]		ADDRESS 1303	
VS 151 N 803.2 97099 Med. S. Nelson Creelman					



53 1787

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 1787

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY EMMA STALL

2. DATE
OF
DEATH

2-15-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MD

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

FRANKLIN SQUARE HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTO.

5300

c. Length of stay in Baltimore
Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

6831 Windsor Mill Rd

5. SEX

f

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

B. DATE OF BIRTH

9-4-1874

9. AGE (In years
last birthday)

79

If Under 1 Year
Months: Days

5

15

If Under 24 Hours
Hours: Min.

15

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House f.

10B. KIND OF BUSINESS OR
INDUSTRY

House work

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Nathan Mathew

14. MOTHER'S MAIDEN NAME

Emme Biscoe

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

AN

17. INFORMANT

Hosp. Chart

ADDRESS

18. E 904.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) HYPOSTATIC PNEUMONIA

DUE TO

5 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) CONGESTIVE HEART FAILURE
(C) FRACT. Femur, RT. & LT. Humerus, RT.

DUE TO

?

8 day

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Rheumatoid Arthritis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

6831 Windsor Mill Rd 5300

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

2-6-53

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Slipped & fell @ Home

22. I hereby certify that I attended the deceased from 2-7, 1953, to 2-15, 1953, that I last saw the
deceased alive on 2-15, 1953, and that death occurred at 11:30 m., from the causes and on the date stated above.

23A. SIGNATURE

H. Blundell

23B. ADDRESS

Franklin Square, Md

23C. DATE SIGNED

2-15-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/18/53

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Ceme

24D. LOCATION (City, town, or county)

Woodlawn Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Chas. B. Joyell

6411

ADDRESS

VS 150

N 821.0

Only released - full approval of medical examiner

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

— 1904

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

53 1788

FVJ

BIRTH NO. 167693

1. NAME OF DECEASED
(Type or Print) **Mary Beyer**

2. DATE OF DEATH
Feb. 16-1953

3. PLACE OF DEATH:
A. **Baltimore City, Maryland**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE **Maryland** B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION **Baltimore City Hospitals**
4940 Eastern Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

c. Length of stay in Baltimore **life**

D. STREET ADDRESS (If rural, give location)
1538 N. Washington Street

5. SEX
F

6. COLOR OR RACE
White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
Sept. 1886

9. AGE (In years last birthday) **66**

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Maryland Balto

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unknown PAUL Schubert

14. MOTHER'S MAIDEN NAME

Unknown MARY M. ENGLEMAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
NONE

17. INFORMANT ADDRESS
B. C. H. 4940 Eastern Ave. (record)

18. **443X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cerebral vascular accident**
1 week

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Hypertensive Cardiovascular disease**
10 yrs.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2-11-1953**, to **2-16-1953**, that I last saw the deceased alive on **2-16-1953**, and that death occurred at **9:30A.m.**, from the causes and on the date stated above.

23A. SIGNATURE

H.C. Johnston

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

2-20-53

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cem

24D. LOCATION (City, town, or county)

md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington 151302

25. FUNERAL DIRECTOR

ADDRESS

Pratt & Stricker (St)

MINISTRE DE LA SANTE
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of coroner		12. Signature of medical examiner	
13. Signature of health officer		14. Signature of police officer		15. Signature of other official	
16. Signature of other official		17. Signature of other official		18. Signature of other official	
19. Signature of other official		20. Signature of other official		21. Signature of other official	
22. Signature of other official		23. Signature of other official		24. Signature of other official	
25. Signature of other official		26. Signature of other official		27. Signature of other official	
28. Signature of other official		29. Signature of other official		30. Signature of other official	
31. Signature of other official		32. Signature of other official		33. Signature of other official	
34. Signature of other official		35. Signature of other official		36. Signature of other official	
37. Signature of other official		38. Signature of other official		39. Signature of other official	
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43. Signature of other official		44. Signature of other official		45. Signature of other official	
46. Signature of other official		47. Signature of other official		48. Signature of other official	
49. Signature of other official		50. Signature of other official		51. Signature of other official	
52. Signature of other official		53. Signature of other official		54. Signature of other official	
55. Signature of other official		56. Signature of other official		57. Signature of other official	
58. Signature of other official		59. Signature of other official		60. Signature of other official	
61. Signature of other official		62. Signature of other official		63. Signature of other official	
64. Signature of other official		65. Signature of other official		66. Signature of other official	
67. Signature of other official		68. Signature of other official		69. Signature of other official	
70. Signature of other official		71. Signature of other official		72. Signature of other official	
73. Signature of other official		74. Signature of other official		75. Signature of other official	
76. Signature of other official		77. Signature of other official		78. Signature of other official	
79. Signature of other official		80. Signature of other official		81. Signature of other official	
82. Signature of other official		83. Signature of other official		84. Signature of other official	
85. Signature of other official		86. Signature of other official		87. Signature of other official	
88. Signature of other official		89. Signature of other official		90. Signature of other official	
91. Signature of other official		92. Signature of other official		93. Signature of other official	
94. Signature of other official		95. Signature of other official		96. Signature of other official	
97. Signature of other official		98. Signature of other official		99. Signature of other official	
100. Signature of other official		101. Signature of other official		102. Signature of other official	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 1789

53 1789

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Naylor, Orrich

2. DATE
OF
DEATH

2-17-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY

MARYLAND Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

REISTER TOWN

D. STREET ADDRESS (If rural, give location)

249 Main St.

5300

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE ☒ MARRIED

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Jan. 16, 1869

9. AGE (In years last birthday)

84

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Plumbing Contractor Self Employed

11. BIRTHPLACE (State or foreign country)

Baltimore Co

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Dora A Naylor Reisterstown Md

1B. 730 X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Post-op. renal shut down

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Large bowel obstruction, probably sigmoid neoplasm

19A. DATE OF OPERATION

2-12-53

19B. MAJOR FINDINGS OF OPERATION

Cecostomy - for decompression

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-12-53 to 2-17-53, that I last saw the deceased alive on 2-17-53, and that death occurred at 3:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Donald A. Woffel

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

2-17-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 19-53

24C. NAME OF CEMETERY OR CREMATORY

All Saints

24D. LOCATION (City, town, or county)

Reisterstown Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 17 1953

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

F. E. Line

ADDRESS

Reisterstown

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 1790

53 1790

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alfred E.B. Burris

2. DATE
OF
DEATH

2/14/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3011 O'Donnell St.

Yrs.
Mos.
Days

c. Length of stay in Baltimore

Life

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

2/5/84

9. AGE (In years
last birthday)

69

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Iron Worker Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Self Employed

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Burris

14. MOTHER'S MAIDEN NAME

Eleanora Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Margaret K. Burris 3011 O'Donnell St.

18. 162X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Bronchiogenic Carcinoma

DUE TO

1 yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 3, 1952, to Feb. 14, 1953, that I last saw the
deceased alive on Feb. 13, 1953, and that death occurred at 10:30 PM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

2/18/53

Baltimore Cemetery

Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 17 1953

Huntington 7.5.3.3. 1953

Blauvelt 7.5.3.3. 1953 1639 Broadway.

VS 150

58524

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

U.S. DEPARTMENT OF HEALTH
CENTERS FOR DISEASE CONTROL AND PREVENTION

Form 100-10

Rev. 10-1-73

U.S. GOVERNMENT PRINTING OFFICE

16-70801-1

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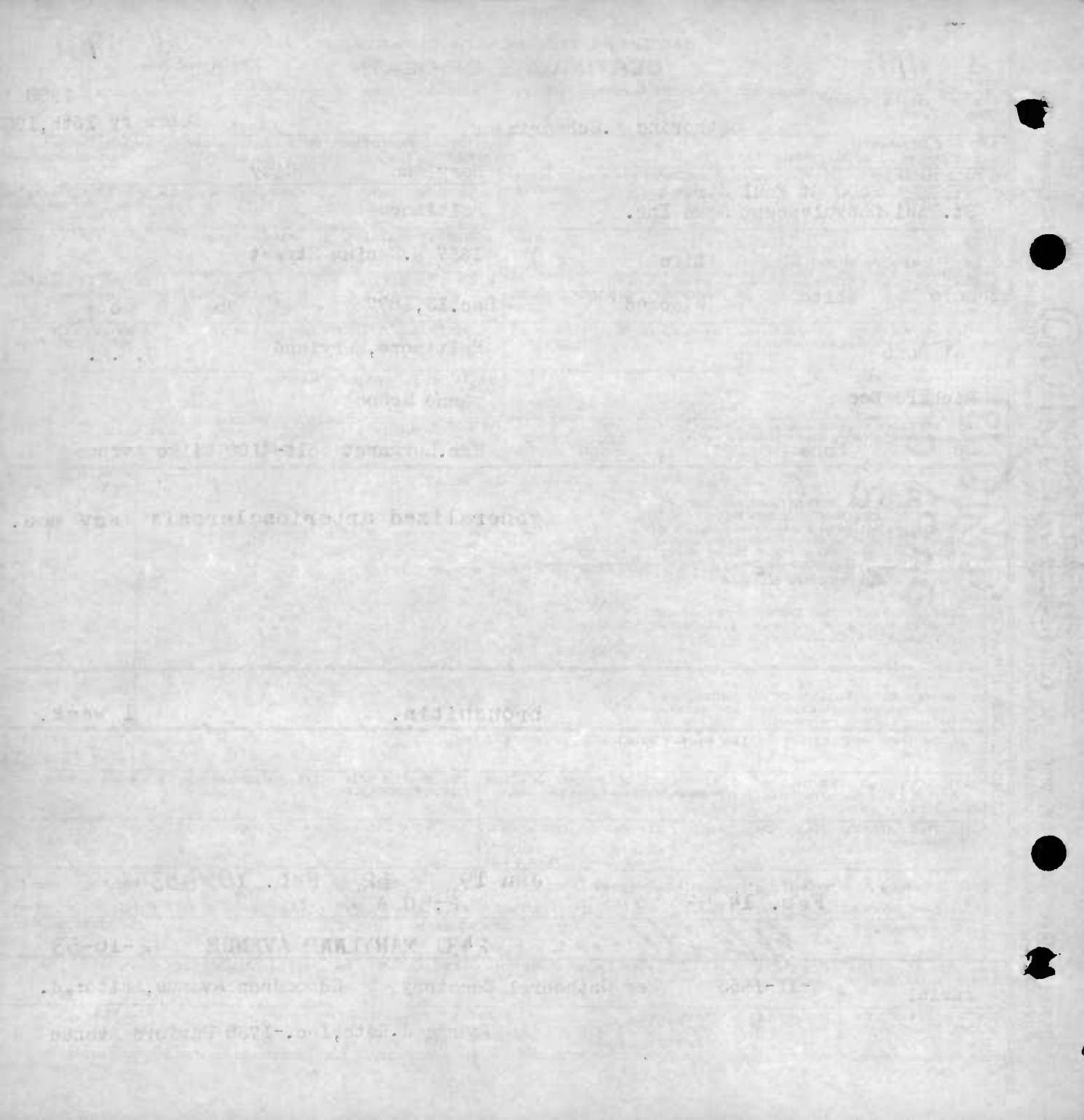
100-10

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1791
Registered No.53 1791
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Catherine A. Schwartz			2. DATE OF DEATH February 16th, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY City		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR 2305 St Paul Street INSTITUTION St. Paul Convalescent Home Inc.			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1637 N. Spring Street		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 13, 1877		9. AGE (In years last birthday) 75
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home			11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Richard Dee			14. MOTHER'S MAIDEN NAME Anne McGee		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Margaret Wolf		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) None		ADDRESS 4108 Wilke Avenue			

18. 450.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) generalized arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH sev mos.
DUE TO (A)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. bronchitis.		
DUE TO (B)		
DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		1 week.

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 19, 1952 , to Feb. 16, 1953 that I last saw the deceased alive on Feb. 14, 1953 , and that death occurred at 2:50 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE E. Ellsworth, M.D.		23B. ADDRESS 2431 MARYLAND AVENUE		23C. DATE SIGNED 2-16-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2-II-1953		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery	
				24D. LOCATION (City, town, or county) (State) Edmondson Avenue, Balto: md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 17 1953		REGISTRAR'S SIGNATURE Huntington F. Shivers, M.D.		25. FUNERAL DIRECTOR George J. Ruth, Inc.	
				ADDRESS -1735 Harford Avenue	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 1792

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sophia Fisher

2. DATE
OF
DEATH

Feb. 16, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

acc room

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

before admission

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore Co.

D. STREET ADDRESS (If rural, give location)

550 S. 4th St. RFD 6

C. Length of stay in Baltimore

1 yr

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

3/4/1877

9. AGE (In years
last birthday)

75

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Balto. Co. Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Chas. Bert

14. MOTHER'S MAIDEN NAME

L. H. Houn

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebrovascular accident

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

2 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

hypertensive + arteriosclerotic cardiovascular dis.

years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES

NO

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORKNOT WHILE
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the
deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

Richard J. Fisher

23B. ADDRESS

M. D. JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2/16/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/18/53

24C. NAME OF CEMETERY OR CREMATORY

Zion Lutheran

24D. LOCATION (City, town, or county)

Balto Co Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

Asa T. Thompson

ADDRESS

7401 Belair Rd.

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

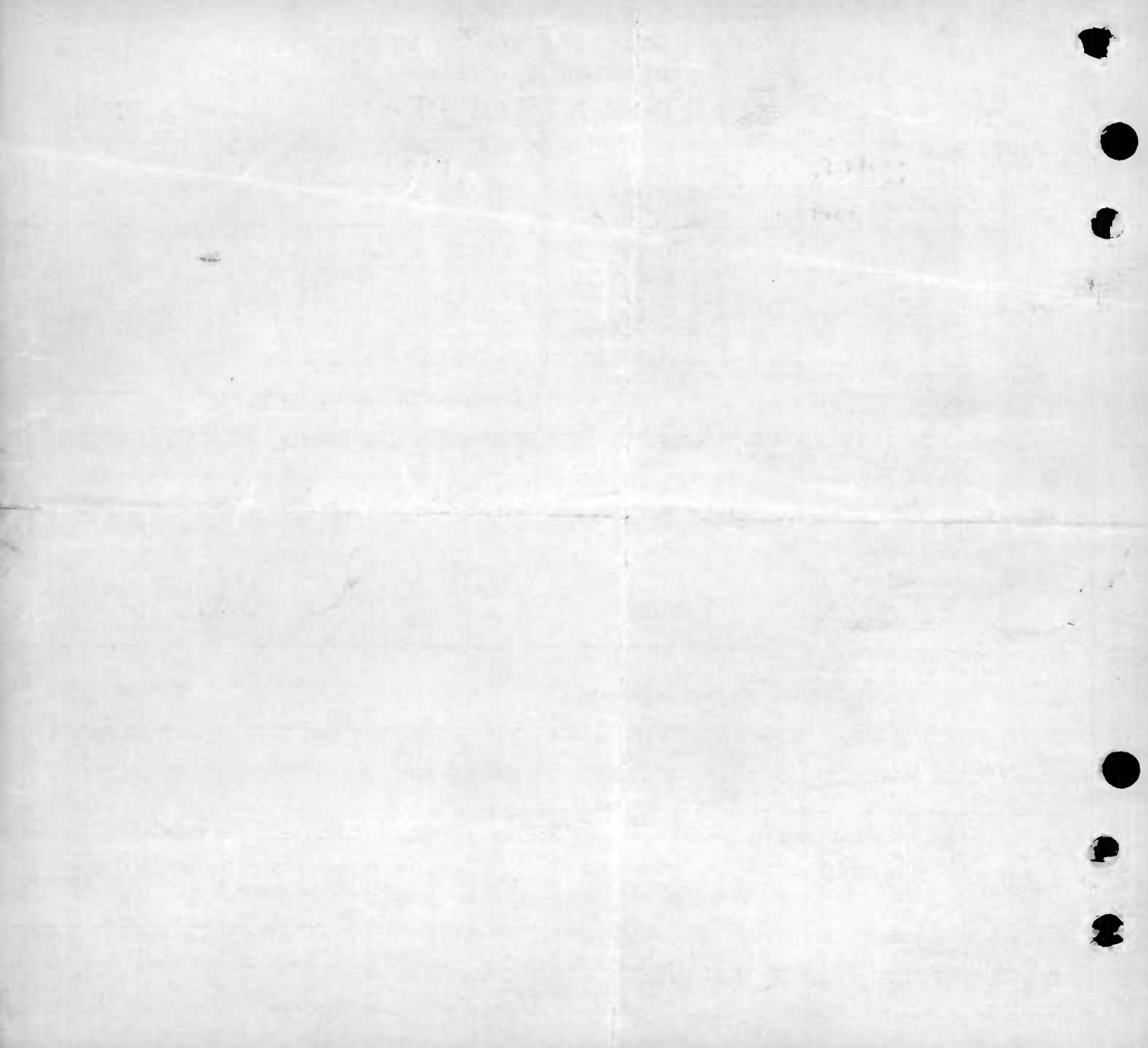
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 53 1793

1. PLACE OF DEATH: COUNTY BALT. CITY (If outside corporate limits, write RURAL and give nearest town) BALT. TOWN BALT. HOSPITAL OR INSTITUTION OR STREET ADDRESS CITY HOSPITAL		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALT CITY (If outside corporate limits, write RURAL and give nearest town) BALT. TOWN BALT. STREET ADDRESS Pox 42 Rt. 16 Sunnyside Lane	
3. NAME OF DECEASED (Type or Print) CHARLES (First) ARTHUR (Middle) SCOTT (Last)		4. DATE OF DEATH (Month) 2 (Day) 15 (Year) 1953	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH 3/15/84
9. AGE last birthday 68 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer	
11. BIRTHPLACE (State or foreign country) Balto. Co. Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY No. 420.0	
17. INFORMANT AND ADDRESS Harry Schultz		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH immediate	
Immediate cause (a) Coronary Occlusion			
Antecedent cause(s) (b) Chronic Hypertension - H.A.S.H.D. -			
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input checked="" type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Balt. , 19 52 , to 2/14 , 19 53 , that I last saw the deceased alive on 2/14 , 19 53 , and that death occurred at Balt. m., from the causes and on the date stated above.			
SIGNATURE Joseph Kaman MD.		ADDRESS 30 Chaudell Rd Balt. 20- 2/16/53	
DATE SIGNED			
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF Feb 18, 1953	
NAME OF CEMETERY OR CREMATORY Crown Heights Cemetery		LOCATION (City, town, or county) (State) Wade River, Maryland	
DATE REC'D BY LOCAL REG. FEB 17 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
FUNERAL DIRECTOR Lassak Funeral Home		ADDRESS 7401 Belair Rd	

83010



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

MAF / 166955
53 1794

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1794
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Samuel H. Jones			2. DATE OF DEATH Feb. 14, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 24-03		
c. Length of stay in Baltimore 7 yrs.			D. STREET ADDRESS (If rural, give location) 204 E. Hamburg St.		
6. SEX M	7. COLOR OR RACE N	8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Sep.	9. DATE OF BIRTH Dec. 5, 1886		10. AGE (In years last birthday) 66
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. KIND OF BUSINESS OR INDUSTRY		13. BIRTHPLACE (State or foreign country) South Carolina	
14. FATHER'S NAME George Jones			15. MOTHER'S MAIDEN NAME Elizabeth Strother (dec.)		
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		17. SOCIAL SECURITY NO.		18. INFORMANT ADDRESS Records: Baltimore City Hospitals 4940 Eastern Ave.	

19. 022X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Tension pneumothorax		INTERVAL BETWEEN ONSET AND DEATH 45 mins.
DUE TO		
II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Aneurysm of descending portion of Thoracis ? Aorta		
DUE TO		
(C)		

19A. DATE OF OPERATION 2-13-53		19B. MAJOR FINDINGS OF OPERATION Aneurysm of descending portion of thoracic aorta		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-20 19 53 , to 2-14 19 53 , that I last saw the deceased alive on 2-14 19 53 , and that death occurred at 7:15p m., from the causes and on the date stated above.					
23A. SIGNATURE H. J. Jones		23B. ADDRESS 4940 Eastern Ave. Balto, Md.		23C. DATE SIGNED 2-14-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/19-53		24C. NAME OF CEMETERY OR CREMATORY Wm. Auburn Cem.	
24D. LOCATION (City, town, or county) Balto		24E. NAME OF CEMETERY OR CREMATORY Wm. Auburn Cem.		24F. LOCATION (City, town, or county) Balto	
DATE RECEIVED BY LOCAL REGISTRAR FEB 17 1953		REGISTRAR'S SIGNATURE Huntington Poliquin		FURNERAL DIRECTOR Wm. Spriggs	
				ADDRESS 139 W. Hamlay St.	

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STATE OF DEATH

Name of Deceased		Date of Death	
Sex		Age	
Race		Place of Birth	
Marital Status		Occupation	
Cause of Death		Manner of Death	
Signature of Physician		Signature of Registrar	
Date of Report		Place of Report	

53 1795

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 1795

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GAIL G. SCOTT, SR.

2. DATE
OF
DEATH

2/14/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

VA HOSPITAL

BALTIMORE 18, MARYLAND

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
NEW JERSEYB. COUNTY
CAMDEN

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

CAMDEN

D. STREET ADDRESS (If rural, give location)

Y.M.C.A., FEDERAL STREET

c. Length of stay in Baltimore SINCE 12/18/52

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

DIVORCED

8. DATE OF BIRTH

2/27/1897

9. AGE (in years
last birthday)

55

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

INSULATOR

10B. KIND OF BUSINESS OR INDUSTRY

INSULATION

11. BIRTHPLACE (State or foreign country)

ALGONA, IOWA

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

CLINTON H. SCOTT

14. MOTHER'S MAIDEN NAME

MAMIE DAVENPORT

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

YES

(If yes, give war or dates of service)

11/4/17 to 6/7/19

16. SOCIAL
SECURITY NO.

110-01-1567

17. INFORMANT

VA HOSPITAL RECORDS

ADDRESS

VAH, BALTO. 18, MD.

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) SPONTANEOUS PNEUMOTHORAX, LEFT

10 MIN.

DUE TO

ANTECEDENT CAUSES

(B) PULMONARY EMPHYSEMA, BILATERAL

10 YEARS

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C) PULMONARY TUBERCULOSIS

2 YEARS

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2/9/53

19B. MAJOR FINDINGS OF OPERATION

BULLOUS EMPHYSEMA & PULMONARY TUBERCULOSIS

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

VA

m.

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/18, 1952, to 2/14, 1953, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

VAH, BALTIMORE 18, MD.

23C. DATE SIGNED

2/15/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

2-17-53

24C. NAME OF CEMETERY OR CREMATORY

ARLINGTON NAT'L

24D. LOCATION (City, town, or county)

FT. MYER, VA

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

Ship To: W.W. Chambers Co., 6203 M
1400 Chapin St. N.W. WASHINGTON, D.C.

13400 Chapin St. N.W. WASHINGTON, D.C.

1997, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 26

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1796
Registered No.

BIRTH NO. 53 1796

1. NAME OF DECEASED (Type or Print) ROLAND CLARENCE WOLFF			2. DATE OF DEATH Feb. 15, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE US Public Health Service Hospital Wyman Pk. Drive & 31st St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-01		
c. Length of stay in Baltimore ? Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3918 Southern Avenue		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10/7/96		9. AGE (In years last birthday) 56 If Under 1 Year Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10B. KIND OF BUSINESS OR INDUSTRY Seafarer	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Richard Wolff			14. MOTHER'S MAIDEN NAME Margaret ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. ?	17. INFORMANT ADDRESS Records- US PHS Hospital, Balto, Md.		

MEDICAL CERTIFICATION

18. 432X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic coronary artery disease DUE TO			CAUSE OF DEATH Arteriosclerotic coronary artery disease over 1 yr.		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Pulmonary infarction right lower lobe (old) DUE TO Pericarditis DUE TO			Unknown Unknown		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb. 11, 1953 , to Feb. 15, 1953 , that I last saw the deceased alive on Feb. 15, 1953 and that death occurred at 12:30 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE J. A. Hunter, Clinical Director		23B. ADDRESS M. D. US PHS Hospital, Balto, Md.		23C. DATE SIGNED 2/16/53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 2-18-53		24C. NAME OF CEMETERY OR CREMATORY Parkwood	
24D. LOCATION (City, town, or county) (State) Balto Md		25. FUNERAL DIRECTOR ADDRESS 6009 Harford Rd (14)			
DATE RECEIVED BY LOCAL REGISTRAR FEB 17 1953		REGISTRAR'S SIGNATURE Huntington		25. FUNERAL DIRECTOR ADDRESS 6009 Harford Rd (14)	

CERTIFICATE OF DEATH

<p>1. Name of deceased</p>		<p>2. Sex</p>		<p>3. Age</p>	
<p>4. Date of death</p>		<p>5. Time of death</p>		<p>6. Place of death</p>	
<p>7. Cause of death</p>		<p>8. Immediate cause</p>		<p>9. Underlying cause</p>	
<p>10. Manner of death</p>		<p>11. Signature of physician</p>		<p>12. Signature of registrar</p>	
<p>13. Date of registration</p>		<p>14. Signature of registrar</p>		<p>15. Signature of registrar</p>	
<p>16. Date of registration</p>		<p>17. Signature of registrar</p>		<p>18. Signature of registrar</p>	
<p>19. Date of registration</p>		<p>20. Signature of registrar</p>		<p>21. Signature of registrar</p>	
<p>22. Date of registration</p>		<p>23. Signature of registrar</p>		<p>24. Signature of registrar</p>	
<p>25. Date of registration</p>		<p>26. Signature of registrar</p>		<p>27. Signature of registrar</p>	
<p>28. Date of registration</p>		<p>29. Signature of registrar</p>		<p>30. Signature of registrar</p>	
<p>31. Date of registration</p>		<p>32. Signature of registrar</p>		<p>33. Signature of registrar</p>	
<p>34. Date of registration</p>		<p>35. Signature of registrar</p>		<p>36. Signature of registrar</p>	
<p>37. Date of registration</p>		<p>38. Signature of registrar</p>		<p>39. Signature of registrar</p>	
<p>40. Date of registration</p>		<p>41. Signature of registrar</p>		<p>42. Signature of registrar</p>	
<p>43. Date of registration</p>		<p>44. Signature of registrar</p>		<p>45. Signature of registrar</p>	
<p>46. Date of registration</p>		<p>47. Signature of registrar</p>		<p>48. Signature of registrar</p>	
<p>49. Date of registration</p>		<p>50. Signature of registrar</p>		<p>51. Signature of registrar</p>	
<p>52. Date of registration</p>		<p>53. Signature of registrar</p>		<p>54. Signature of registrar</p>	
<p>55. Date of registration</p>		<p>56. Signature of registrar</p>		<p>57. Signature of registrar</p>	
<p>58. Date of registration</p>		<p>59. Signature of registrar</p>		<p>60. Signature of registrar</p>	
<p>61. Date of registration</p>		<p>62. Signature of registrar</p>		<p>63. Signature of registrar</p>	
<p>64. Date of registration</p>		<p>65. Signature of registrar</p>		<p>66. Signature of registrar</p>	
<p>67. Date of registration</p>		<p>68. Signature of registrar</p>		<p>69. Signature of registrar</p>	
<p>70. Date of registration</p>		<p>71. Signature of registrar</p>		<p>72. Signature of registrar</p>	
<p>73. Date of registration</p>		<p>74. Signature of registrar</p>		<p>75. Signature of registrar</p>	
<p>76. Date of registration</p>		<p>77. Signature of registrar</p>		<p>78. Signature of registrar</p>	
<p>79. Date of registration</p>		<p>80. Signature of registrar</p>		<p>81. Signature of registrar</p>	
<p>82. Date of registration</p>		<p>83. Signature of registrar</p>		<p>84. Signature of registrar</p>	
<p>85. Date of registration</p>		<p>86. Signature of registrar</p>		<p>87. Signature of registrar</p>	
<p>88. Date of registration</p>		<p>89. Signature of registrar</p>		<p>90. Signature of registrar</p>	
<p>91. Date of registration</p>		<p>92. Signature of registrar</p>		<p>93. Signature of registrar</p>	
<p>94. Date of registration</p>		<p>95. Signature of registrar</p>		<p>96. Signature of registrar</p>	
<p>97. Date of registration</p>		<p>98. Signature of registrar</p>		<p>99. Signature of registrar</p>	
<p>100. Date of registration</p>		<p>101. Signature of registrar</p>		<p>102. Signature of registrar</p>	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1797
Registered No. 53 179753 1797
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

AUGUST C. HEILAND

2. DATE
OF
DEATH

Feb. 16, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2024 PARKSIDE Dr.

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

BALTO. - 27-01

D. STREET ADDRESS (If rural, give location)

4124 PARKSIDE Dr

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
MARRIED

8. DATE OF BIRTH

MAR 3, 1874

9. AGE (In years

last birthday)

78

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR INDUSTRY

CROWN CORK SEAL

11. BIRTHPLACE (State or foreign country)

BALTO. MD.

12. CITIZEN OF

WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

AUGUST C HEILAND

14. MOTHER'S MAIDEN NAME

ANNA MARIA LEHR

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

213-01-0699

17. INFORMANT

MR. JOSEPH A. MUNDAY

ADDRESS

2045 E. BELVEDERE

18. 420.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

myocardial disease - failure
Employee @ Baltimore
Heart disease
Nephrosclerosis
Bronchopneumonia

INTERVAL BETWEEN ONSET AND DEATH

4 days

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1953, to Feb 16, 1953, that I last saw the deceased alive on Feb 16, 1953, and that death occurred at 10 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Robert Mager

23B. ADDRESS

5716 Beardsdale Ave. Balt. Md. Feb 16 1953

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

2-19-53

24C. NAME OF CEMETERY

OAKLAWN

24D. LOCATION (City, town, or county)

EASTERN AV. BALTO MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Wm. M. J. Bleight

ADDRESS

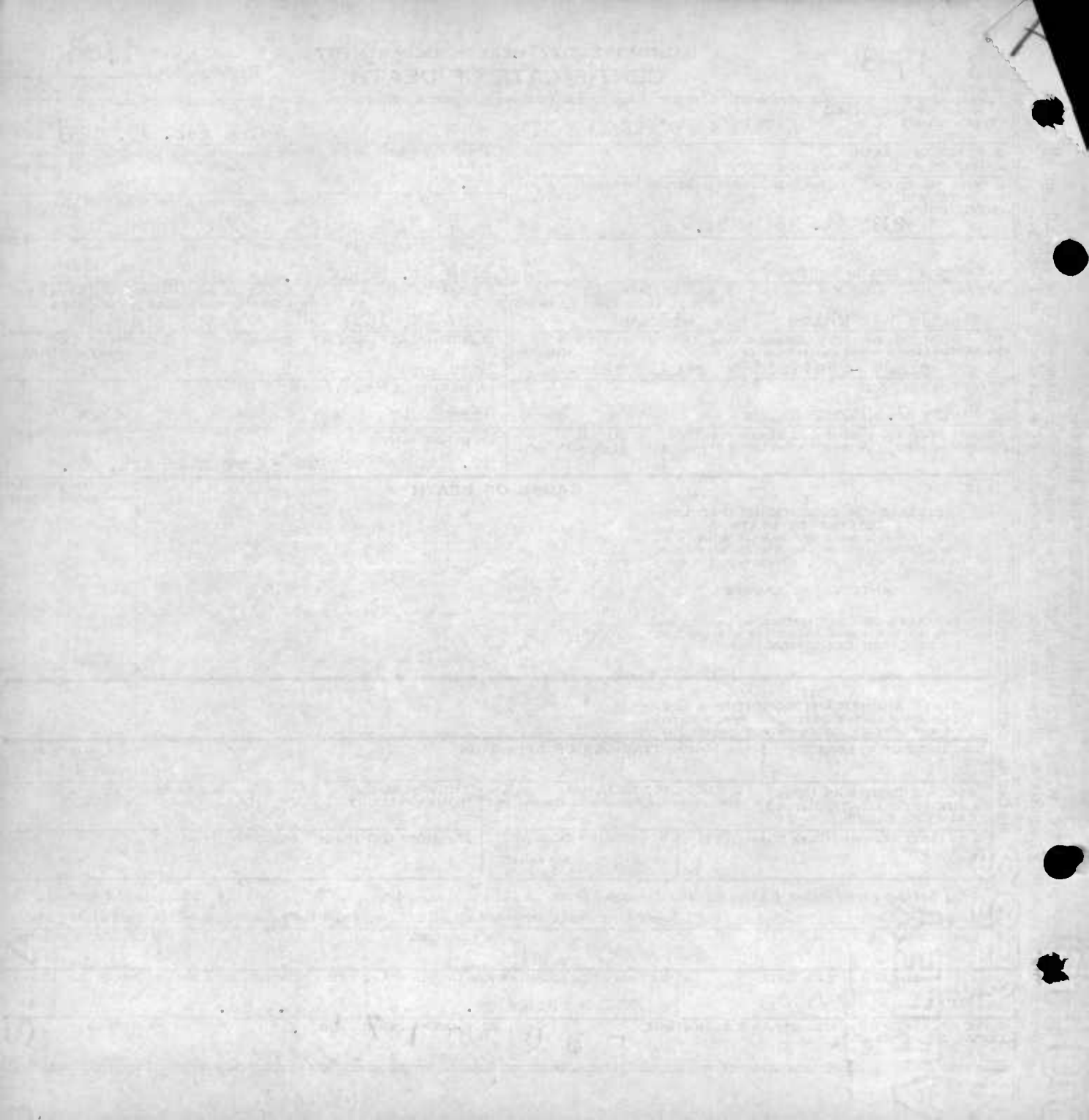
6009 Harbor Rd (14)

Dr. H. Meyer

5716 Belvidere Ave

Ch. 4806

6-8- Near 1700 Bl. Belvedere



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 1799

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HENRY

Edw.

VOGEL

2. DATE
OF
DEATH

February 15, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4506 Wentworth Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug. 20, 1889

9. AGE (In years
last birthday)

63

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

sales representative

10B. KIND OF BUSINESS OR
INDUSTRY

self

11. BIRTHPLACE (State or foreign country)

Illinois

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Alvin Vogel

14. MOTHER'S MAIDEN NAME

Sophie Gladie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

none

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Dorothy Vogel-4506 Wentworth Rd.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Sclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. H. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

2/16/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/19/53

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington 2/15/53

25. FUNERAL DIRECTOR

Chas. J. Fickner & Sons

ADDRESS

Balto 17, Md.

VS 151

29068

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Glenn F. Johnson
March 17, 1961

53 1800

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1800
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LOTTIE ANSELL COHEN

2. DATE
OF
DEATH

Feb. 16, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

Madison Apts.

817 St. Paul St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

817 St. Paul St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

Sept. 1, 1873

9. AGE (In years
last birthday)

79

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Canada

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Asher Ansell

14. MOTHER'S MAIDEN NAME

Evelyn Samuels

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Evelyn A. Cohen- 819 St. Paul St.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Cardiac insufficiency

3 hr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerosis

20 hr

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from _____, 1953, to Feb. 16, 1953, that I last saw the
deceased alive on Feb. 1, 1953, and that death occurred at 7 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Edward J. Horak

M. D.

23B. ADDRESS

101 W Read St.

23C. DATE SIGNED

Feb. 17, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Cremation

24B. DATE

2/18/53

24C. NAME OF CEMETERY OR CREMATORY

Green Mount Crematory

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Wm J. Lippner & Sons

Balto 17, Md.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1900

DECEASED

1900

1900

1900

1900

1900

1900

1900

1900

1900

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1900

1900

1900

CAUSE OF DEATH

CHLORAL HYDRATE

POISONING

BY

DRUGS

AND

POISON

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POISON

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POISON

53 1801

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1801

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Josephine Rybinski

2. DATE
OF
DEATH

Feb 16 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore Md.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Maryland B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2909 Fair Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

1-01

D. STREET ADDRESS (If rural, give location)

2909 Fair Ave

C. Length of stay in Baltimore

70 Yrs. Mos. Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Jan 22 1879

9. AGE (in years last birthday)

74

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Charwoman

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joseph Izdebski

B-100

14. MOTHER'S MAIDEN NAME

Maryanna Grzegorzewska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service)

No

16. SOCIAL SECURITY NO.

212-10-5344

17. INFORMANT

ADDRESS

Mrs Lottie Marzalkiewicz 2909 Fair Ave

18. 151X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Stomach

1 yr.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from July 58, 1953, that I last saw the deceased alive on Feb. 14 1953, and that death occurred at 10:45 AM, from the causes and on the date stated above.

23A. SIGNATURE

Charles W. Edwards M.D.

23B. ADDRESS

3023 Eastern Ave.

23C. DATE SIGNED

2/17/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb 19 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Rosary Cemetery

24D. LOCATION (City, town, or county) (State)

German Hill Rd. Balt Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

John J. Duda

25. FUNERAL DIRECTOR

John J. Duda

ADDRESS

2829 Hudson St.

VS 150

753 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

E-324
53 1802

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 1802

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

CATHERINE ETZEL

2. DATE
OF
DEATH

Feb. 14, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

6414 Rosemont Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-05

O. STREET ADDRESS (If rural, give location)

6414 Rosemont Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Jan. 10, 1869

9. AGE (in years last birthday)

84

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

?

Engelmeyer

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. John F. Hanley, 6414 Rosemont

18. 332X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

CEREBRAL THROMBOSIS
and HEMIPLEGIA (RIGHT)

10 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

CEREBRAL ARTERIO SCLEROSIS

5 yrs +

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

SENILITY

5 yrs +

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2/4, 1953, to 2/14, 1953, that I last saw the deceased alive on 2/13, 1953, and that death occurred at 10A. m., from the causes and on the date stated above.

23A. SIGNATURE

John M. Mollen

23B. ADDRESS

6331 Belair Road (C)

23C. DATE SIGNED

2/16/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/17/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cen

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. J. Ruck

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck 5305 Harford Road

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

Dr. Machen
6331 Belair
2-4

MARGIN RESERVED FOR BINDING

PLEASE PRINT FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53-200
1803

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1803

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LUTHER P. COX		2. DATE OF DEATH 2-15-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Genai Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-03	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 2617 Ailsa Ave	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH JAN. 8-1881
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONTRACTOR		9. AGE (In years last birthday) Months Days Hours Min. 72	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Va.	
13. FATHER'S NAME ?		12. CITIZEN OF WHAT COUNTRY? US	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME ?	
16. SOCIAL SECURITY NO.		17. INFORMANT MRS. ANNA C. COX- AILSA	
18. 237X		ADDRESS 2617	

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Brain Tumor

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

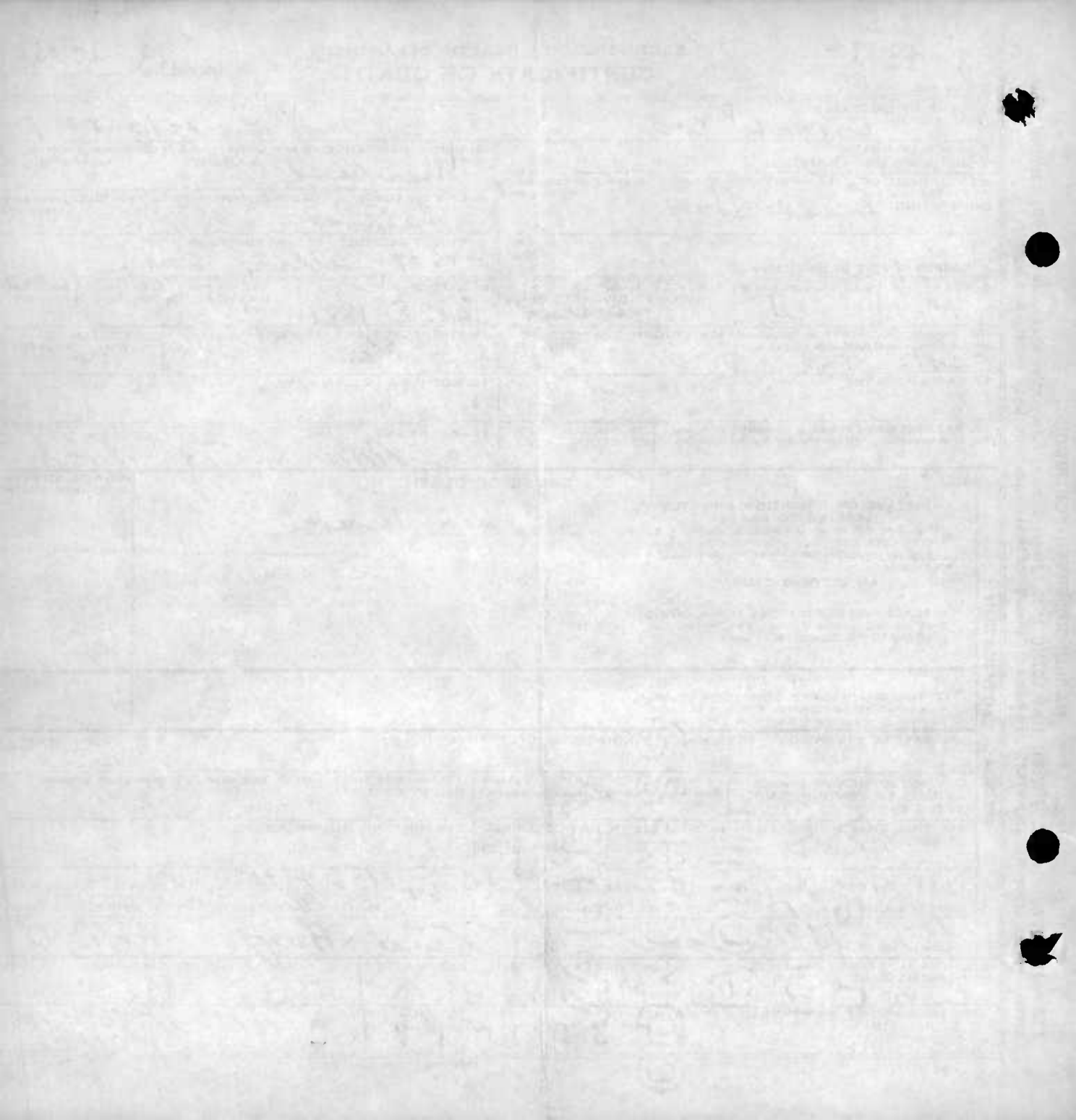
DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-15 19 53 , to 2-15 19 53 , that I last saw the deceased alive on 2-15 19 53 , and that death occurred at 8:30 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Caron H. Kesser		23B. ADDRESS Genai Hosp.		23C. DATE SIGNED 2/15/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/18/53		24C. NAME OF CEMETERY OR CREMATORY Moreland Park	
24D. LOCATION (City, town, or county) (State) BALTO MD		24E. DATE RECEIVED BY LOCAL REGISTRAR FEB 17 1953		24F. REGISTRAR'S SIGNATURE H. Kesser	
24G. FUNERAL DIRECTOR 29024		24H. ADDRESS 5305 Bayford		24I. DATE RECEIVED BY LOCAL REGISTRAR FEB 17 1953	



53 1804

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1804
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Willie

Curlee

2. DATE
OF
DEATH

FEB 15 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN, (If outside corporate limits, write RURAL and give township)

Baltimore

10-02

D. STREET ADDRESS (If rural, give location)

811 Ais Ruth

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

sp

8. DATE OF BIRTH

7-4-17

9. AGE (in years last birthday)

35

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Gen.

11. BIRTHPLACE (State or foreign country)

N. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18. 592x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Chronic Glomerulo-

DUE TO

(C)

nephritis

4 wks

years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

22. I hereby certify that I attended the deceased from 2-5-1953 to 2-16-1953, that I last saw the deceased alive on 2-16-1953, and that death occurred at 7:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

David L. Hensley

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 17 1953

Huntington Hall, 1129 N. Carroll St.

Mrs. Robert A. Ellis - Daugherty

VS 150

97099

1129 N. Carroll St.

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

054FF

STATE OF TEXAS
COUNTY OF DALLAS
CITY OF DALLAS
DEATH CERTIFICATE
No. 11, 1911

NAME OF DECEASED
SEX
AGE
DATE OF BIRTH
PLACE OF BIRTH
OCCUPATION
CAUSE OF DEATH
PLACE OF DEATH
DATE OF DEATH
SIGNATURE OF DECEASED
SIGNATURE OF WITNESSES
SIGNATURE OF PHYSICIAN
SIGNATURE OF CLERK

HELLER

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. **53 1806**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Hedwig H. Heller

2. DATE OF DEATH

February 15, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

Maryland

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

7-01

D. STREET ADDRESS (If rural give location)

3931 Kimble Road

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

March 12, 1892

9. AGE (In years last birthday)

60

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Daniel Fritz

14. MOTHER'S MAIDEN NAME

Marie Rane

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Mr Charles J. Heller

ADDRESS

same

18. *203X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Multiple myeloma

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

also: multiple vertebral fractures

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

*due to (1)
Empyema, left lung*

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT ☐ WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Jan 8*, 1953, to *Feb 15*, 1953, that I last saw the deceased alive on *Feb 15*, 1953, and that death occurred at *1:15 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Rand Beasley Jr

23B. ADDRESS

Union Memorial Hosp

23C. DATE SIGNED

Feb 15 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/19/53

24C. NAME OF CEMETERY OR CREMATORY

Louisa Park

24D. LOCATION (City, town, or county)

Balto Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

9 5 3 0

25. FUNERAL DIRECTOR

R. J. Buck

ADDRESS

5305 Harford Rd

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MILLARD

SUTTON

2. DATE
OF
DEATH February 17, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1507 Henry Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.

17

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Sailor

10B. KIND OF BUSINESS OR
INDUSTRY

U.S. NAVY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. E 812.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Compound comminuted fractures of both
~~XXXX~~ lower extremities

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Fracture of pelvis
~~XXXX~~ Head injury

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Sharp and Lee Streets

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Feb. 15, 1953 1:30 A.m.

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☒
WORK AT WORK

21F. HOW DID INJURY OCCUR?

Pedestrian struck by automobile

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....23C. DATE SIGNED
Feb. 17, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

U.S. NAVAL HOSP. BALTIMORE MD.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

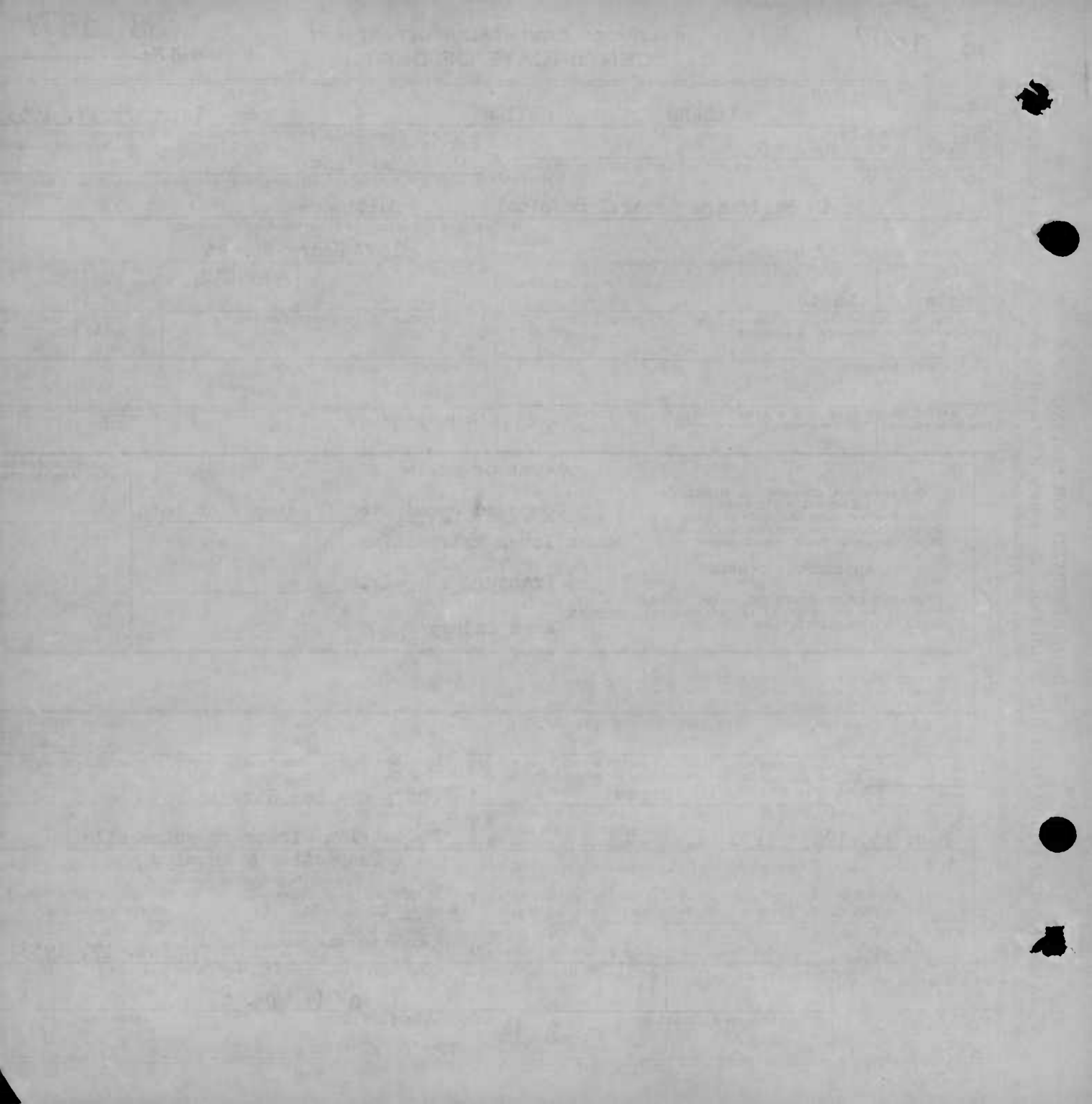
N 808.2

59591

MEDICAL

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 1808

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Walter Robinson

2. DATE
OF
DEATH

Feb 15, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

11-13-1875

9. AGE (In years
last birthday)

77

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Ret - Carpenter

10B. KIND OF BUSINESS OR
INDUSTRY

Self Employed

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Robinson

14. MOTHER'S MAIDEN NAME

Mary White

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

✓

18. 493X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Pneumonia

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

2 wks.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Generalized Atherosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-31, 1953 to 2-15, 1953 that I last saw the
deceased alive on 2-15, 1953 and that death occurred at 9:20 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Richard X. Peck

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/18/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

ADDRESS

24th & Park Dr., 1212 St. Paul Street

53 1809

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 / 1809

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DANIEL

JONONE

2. DATE
OF
DEATH

February 15, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

7 S. Poppleton Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

7 S. Poppleton Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

About 1900

9. AGE (In years
last birthday)

52

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

W. W. I

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mary Trower, 7 S. Poppelton Street

18. 490x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Lobar Pneumonia, Right Upper Lobe

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
2/16/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

2/18/53

24C. NAME OF CEMETERY OR CREMATORY

U. S. National Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1217 St. Paul Street

VS 151

97099

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1810

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53/81800

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ALBERT MURPHY

2. DATE
OF
DEATH

February 16, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

1424 Marshall Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

23-02

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1424 Marshall Street

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

May 16, 1867

9. AGE (In years;
last birthday)

85

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Ret. Watchman

10B. KIND OF BUSINESS OR
INDUSTRY

Provident Bank

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Margaret Murphy, 1424 Marshall Street

18. 332X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Thrombosis

Several Hours

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Generalized Arteriosclerosis

Many years

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
m. WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 10, 1953 to Feb 16, 1953, that I last saw the
deceased alive on Feb 10, 1953, and that death occurred at 9 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Abram Goldman, M. D.

23B. ADDRESS

206 S. Belvoir St.

23C. DATE SIGNED

2/17/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

2/18/53

24C. NAME OF CEMETERY OR CREMATORY

Meadowridge Park Cemetery

24D. LOCATION (City, town, or county)

Dorsey,

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

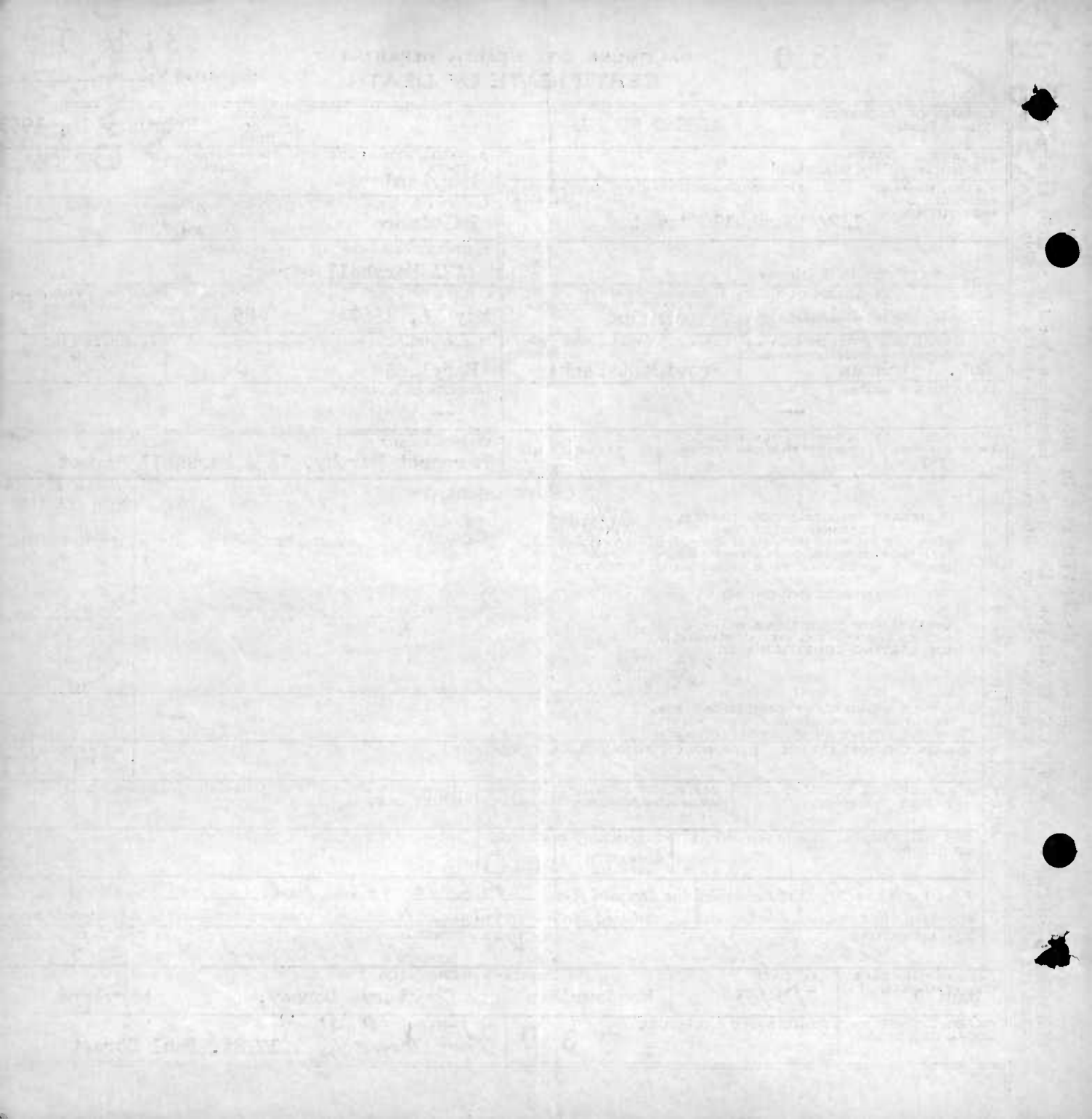
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19530

H. M. Cook, Inc.

1217 St. Paul Street

Huntington Police, M.D.



53 1811

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elsie M. Sill

2. DATE
OF
DEATH

Feb. 15-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

801 Mt. Holly St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 16-08

c. Length of stay in Baltimore

25

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

801 Mt. Holly St.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

Female

White

Widowed

Nov. 15-1881

71

3

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At home

10B. KIND OF BUSINESS OR
INDUSTRY

At home

11. BIRTHPLACE (State or foreign country)

Columbia Penna.

12. CITIZEN OF
WHAT COUNTRY?

U S

13. FATHER'S NAME

William Watson

14. MOTHER'S MAIDEN NAME

Ester Campbell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Miedede Schudt - 801 Mt. Holly St.

18. 422.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

1-4-53

ANTECEDENT CAUSES

DUE TO

(B)

Chr. Myocarditis

1950

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 20, 1952, to Feb. 15, 1953, that I last saw the
deceased alive on Feb. 14, 1953, and that death occurred at 6:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

James Brown

23B. ADDRESS

3602 Liberty Hgth. Ave.

23C. DATE SIGNED

Feb. 16-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Feb. 19/53

LONDON PARK

BALTO. MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

Harry A. White 4101 Edmondson Ave

EB 17-1053

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EVELYN

HOLMES

2. DATE
OF
DEATH

February 13, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

114 Juniper Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

11-11-1931

9. AGE (In years
last birthday)

21

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of life, even if retired)

House work

10B. KIND OF BUSINESS OR
INDUSTRY

At home

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Isaac Holmes

14. MOTHER'S MAIDEN NAME

Frances Bolling

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Frances Holmes 308 E. 22nd. St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary embolus

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Thrombophlebitis of left iliac vein

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William J. Fox

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Feb. 13, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-17-1953

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cemetery, Prince Georges Co. Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Randolph J. Collick 1412 E. Preston St.

Directive of
Advisory Committee on Maternal Deaths

Dr. George Davis

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 1813BIRTH NO. 53 18131. NAME OF DECEASED
(Type or Print)

KATHERINE TALBOTT

2. DATE
OF
DEATH

Feb. 16, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1504 N. Wolfe Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1504 N. Wolfe St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Feb. 15, 1868

9. AGE (In years
last birthday)

85

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At. Home

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Andrew Dennert

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

Mrs. Margaret Kauffman-1736 N. Bond

ADDRESS St.

18. 352X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) ...
DUE TO

Hemiplegia entire left side

Feb. 17/53

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) ...
DUE TO

Hypertensive Congestive

Feb. 15/53

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) ...

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1952, to Feb 16, 1953, that I last saw the deceased alive on Feb 15, 1953, and that death occurred at 10:30 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 19, 1953

24C. NAME OF CEMETERY OR CREMATORY

Greenmount Cemetery

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

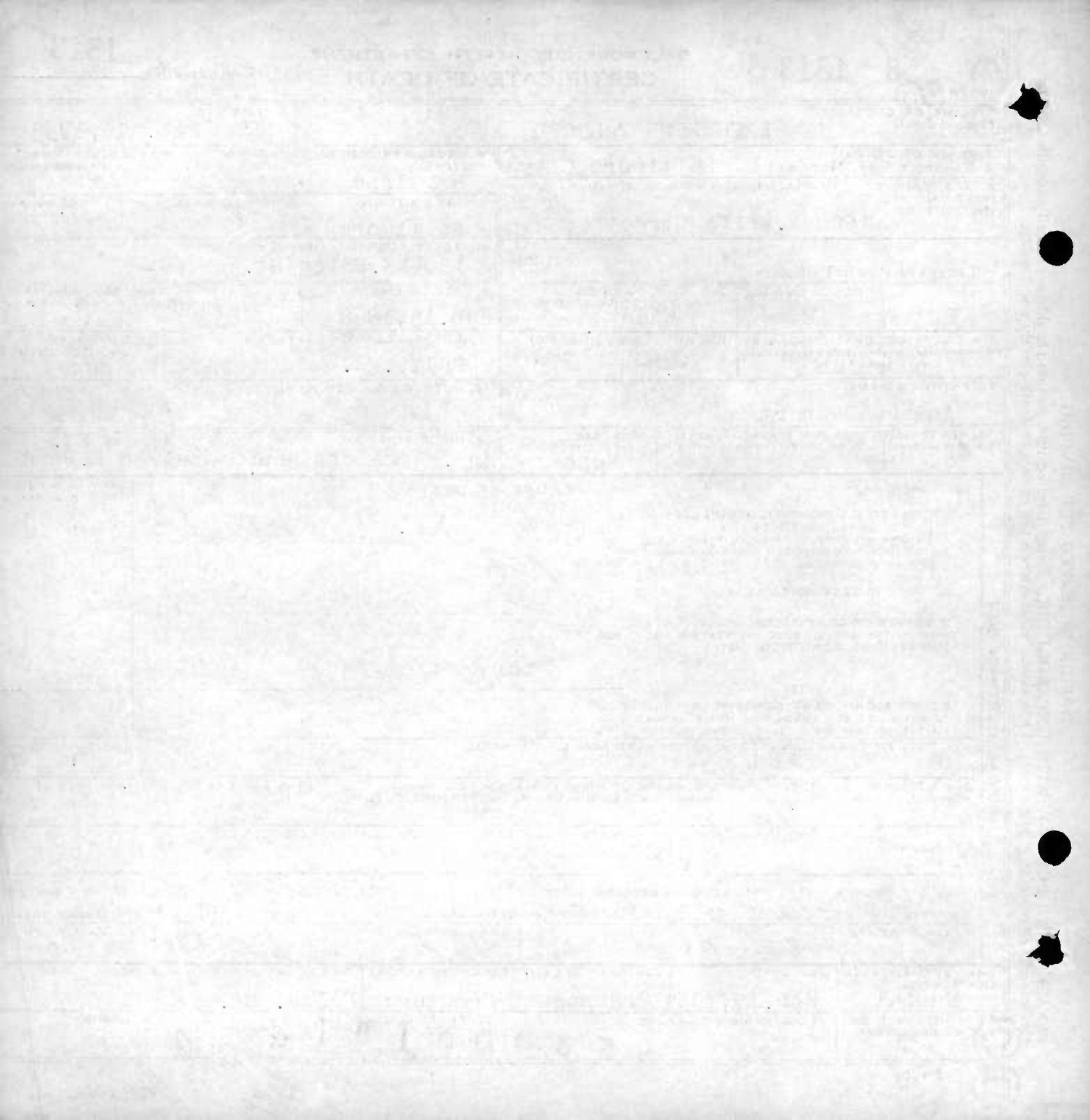
FEB 17 1953

Huntington Williams, 3120

HENRY SANDER & SONS, Inc

Baltimore, 13, Maryland

Henry F. Sander



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 1814**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William F. Ewing

2. DATE
OF
DEATH

2/16/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Lutheran Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

B. COUNTY **Baltimore**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1947 Sunbury Road #22

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widower

8. DATE OF BIRTH

9/14/1891

9. AGE (In years last birthday)

61

10 Under 1 Year Months Days

11 Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Trane Op

10B. KIND OF BUSINESS OR INDUSTRY

Butterfield

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Edwin Ewing

14. MOTHER'S MAIDEN NAME

Sarah Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

John E. Schnepf 1947 Sunbury Rd

18. **422.1**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Pulmonary edema

INTERVAL BETWEEN ONSET AND DEATH

4 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerotic cardiovascular disease

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Thrombophlebitis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1-31-53**, 19**53**, to **2/16/53**, 19**53**, that I last saw the deceased alive on **2/16**, 19**53**, and that death occurred at **3:35 Am.**, from the causes and on the date stated above.

23A. SIGNATURE

Franklin L. Keller

23B. ADDRESS

Lutheran Hospital

23C. DATE SIGNED

2/16/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb 19/53

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county)

Balto

DATE RECEIVED BY LOCAL REGISTRAR

5/7/1953

REGISTRAR'S SIGNATURE

Huntington W. Williams, Jr.

25. FUNERAL DIRECTOR

Will R. Home 2112 Dundalk

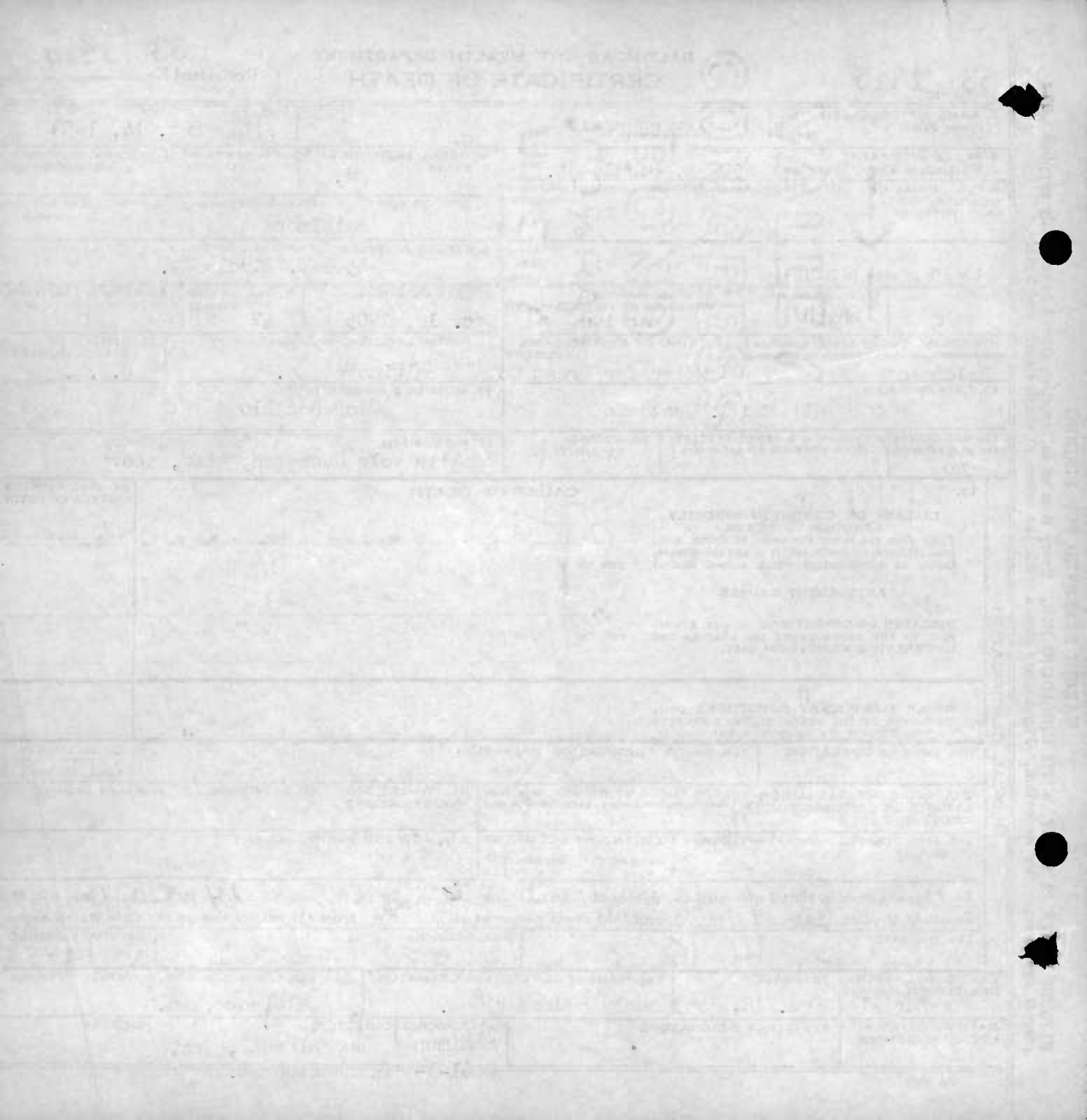
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1815
Registered No.53 1815
BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOHN MICHAEL CUNZEMAN		2. DATE OF DEATH Feb. 14, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland 2502 E. Biddle St.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore life		D. STREET ADDRESS (If rural, give location) 2502 E. Biddle St.	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 16, 1905
9. AGE (in years last birthday) 47		10. Under 1 Year Months Days	11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10B. KIND OF BUSINESS OR INDUSTRY Hendler Ice Cream Co.	
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William C. Cunzeman		14. MOTHER'S MAIDEN NAME Florence Lloyd	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Rosalin Volz Cunzeman, wife, above		ADDRESS	
18. 420.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Coronary Thrombosis DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
INTERVAL BETWEEN ONSET AND DEATH 2 hours			
19A. DATE OF OPERATION Feb 16 1953		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb 16 1953 to Feb 14, 1953 that I last saw the deceased alive on Feb 14, 1953 , and that death occurred at 9:20 P.M. , from the causes and on the date stated above.			
23A. SIGNATURE Harry H. Kane		23B. ADDRESS 2607 E. Madison	
23C. DATE SIGNED 2-16-53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb. 18, 1953	
24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR Feb 17 1953		REGISTRAR'S SIGNATURE Huntington	
25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc.		ADDRESS 2601-3-5 E. Madison St.	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 1816
Registered No. _____

53 1816
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Dr. Truman S. Seeling		2. DATE OF DEATH 2/15/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland 2025 W. Fayette Street		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE 2804 Jefferson St. Balto. 5, Md. B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION Bon Secours Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 5, Md. 7-01	
C. Length of stay in Baltimore 52 yrs.		D. STREET ADDRESS (If rural, give location)	
5. SEX M.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 17, 1899
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pharmacist		10B. KIND OF BUSINESS OR INDUSTRY Morgan & Millard	9. AGE (In years, last birthday) 53 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) Bloomsburg, Penna.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Clarence Seeling		14. MOTHER'S MAIDEN NAME Laura E. Neff	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) U.S. Navy		16. SOCIAL SECURITY NO.	
17. INFORMANT Laura Seeling, mother, above		ADDRESS	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 2 days
DUE TO (A) _____		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) _____		
(C) _____		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Severe Secondary Anemia - undetermined

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Feb 13, 1953 to Feb 15, 1953 , that I last saw the deceased alive on Feb 15, 1953 and that death occurred at 1:50 A.M. , from the causes and on the date stated above.				
23A. SIGNATURE Huntington W. Seeling		23B. ADDRESS Bon Secours Hospital		23C. DATE SIGNED 2/15/53
24A. BURIAL, CREMATION, REMOVAL (Specify) Entombment	24B. DATE Feb. 18, 1953	24C. NAME OF CEMETERY OR CREMATORY Lorraine Mausoleum	24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR 1/10/53	REGISTRAR'S SIGNATURE Huntington W. Seeling		25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. 2601-3-5 B Madison St.	

STATE OF NEW YORK
DEPARTMENT OF HEALTH

OFFICE OF THE COMMISSIONER
DEPARTMENT OF HEALTH
ALBANY, N. Y.

RECEIVED
JAN 10 1910

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1817

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Martin Hoffman

2. DATE
OF
DEATH

Feb. 16, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

1802 - Eutaw Place

4. USUAL RESIDENCE (Where deceased lived. If institution; residence

A. STATE
Maryland

B. COUNTY

before admission)

B. FULL NAME OF

(If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

Park Hill Convalescent Home

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1103 - Somerset Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Dec. 30, 1870

9. AGE (In years
last birthday)

82

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Church Sexton

10B. KIND OF BUSINESS OR
INDUSTRY

Catholic Church

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Christopher Hoffman

14. MOTHER'S MAIDEN NAME

Maria Rose Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

No

17. INFORMANT

ADDRESS

John Hoffman, 1825 - 25th Street

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Antemortem Cardiac Vascular
Renal Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORKNOT WHILE
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 26, 1953, to Feb. 16, 1953, that I last saw the
deceased alive on Feb. 14, 1953, and that death occurred at 4:10 A.M. from the causes and on the date stated above.

23A. SIGNATURE

J. S. Blum

M. D.

23B. ADDRESS

1115 N. Calvert St

23C. DATE SIGNED

2/17/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 18, 1953

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart of Jesus

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington & Sons

25. FUNERAL DIRECTOR

ADDRESS

E. B. Wadsworth Funeral Home Inc

405 - E. 25th Street, Baltimore - 18, Md

CERTIFICATE OF DEATH

STATE OF NEW YORK

IN SENATE

JANUARY 1900

NEW YORK

NEW YORK

NEW YORK

NEW YORK

NEW YORK

NEW YORK

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NEW YORK

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 1818

BIRTH NO.

1. NAME OF DECEASED Also known as Marcantonio Cicirleo
(Type or Print) ANTONIO or Anthony Charles2. DATE OF DEATH Feb. 15, 19533. PLACE OF DEATH:
a. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE md. B. COUNTYb. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONc. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 3-02JOHNS HOPKINS HOSPITALd. STREET ADDRESS (If rural, give location)
217 President St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married8. DATE OF BIRTH 18839. AGE (In years last birthday) 69 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Labor10b. KIND OF BUSINESS OR INDUSTRY
Restaurant11. BIRTHPLACE (State or foreign country)
Italy

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no16. SOCIAL SECURITY NO.
218-01-1734

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL18. 443x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Subarachnoid Hemorrhage.

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
Hypertensive cerebral - vascular disease

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.19a. DATE OF OPERATION 2

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK22. I hereby certify that I attended the deceased from 2-15, 1953 to 2-15, 1953, that I last saw the deceased alive on 2-15, 1953, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

Richard A. BeluJOHNS HOPKINS HOSPITAL24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

Feb. 18 1953Holy Redeemer Cemetery 44307 Belair Rd.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 17 1953Huntington 1315 W. 18th St.Frank Della Croce 322 S. High St.

REPORT OF THE HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Form No. 10-6-30

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Signature of witness	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery	
16. Signature of health officer		17. Signature of coroner		18. Signature of jury	
19. Signature of jury		20. Signature of jury		21. Signature of jury	
22. Signature of jury		23. Signature of jury		24. Signature of jury	
25. Signature of jury		26. Signature of jury		27. Signature of jury	
28. Signature of jury		29. Signature of jury		30. Signature of jury	
31. Signature of jury		32. Signature of jury		33. Signature of jury	
34. Signature of jury		35. Signature of jury		36. Signature of jury	
37. Signature of jury		38. Signature of jury		39. Signature of jury	
40. Signature of jury		41. Signature of jury		42. Signature of jury	
43. Signature of jury		44. Signature of jury		45. Signature of jury	
46. Signature of jury		47. Signature of jury		48. Signature of jury	
49. Signature of jury		50. Signature of jury		51. Signature of jury	
52. Signature of jury		53. Signature of jury		54. Signature of jury	
55. Signature of jury		56. Signature of jury		57. Signature of jury	
58. Signature of jury		59. Signature of jury		60. Signature of jury	
61. Signature of jury		62. Signature of jury		63. Signature of jury	
64. Signature of jury		65. Signature of jury		66. Signature of jury	
67. Signature of jury		68. Signature of jury		69. Signature of jury	
70. Signature of jury		71. Signature of jury		72. Signature of jury	
73. Signature of jury		74. Signature of jury		75. Signature of jury	
76. Signature of jury		77. Signature of jury		78. Signature of jury	
79. Signature of jury		80. Signature of jury		81. Signature of jury	
82. Signature of jury		83. Signature of jury		84. Signature of jury	
85. Signature of jury		86. Signature of jury		87. Signature of jury	
88. Signature of jury		89. Signature of jury		90. Signature of jury	
91. Signature of jury		92. Signature of jury		93. Signature of jury	
94. Signature of jury		95. Signature of jury		96. Signature of jury	
97. Signature of jury		98. Signature of jury		99. Signature of jury	
100. Signature of jury		101. Signature of jury		102. Signature of jury	

412
 MAT / 165064
 53 1819

BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

53 1819
 Registered No.

BIRTH NO.

1. NAME OF DECEASED
 (Type or Print)

Faustina Collevocchio

2. DATE
 OF
 DEATH Feb. 15, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION Baltimore City Hospital
 4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

240 Albemarle St.

c. Length of stay in Baltimore

19 yrs.

Yrs.
 Mos.
 Days

5. SEX

F

6. COLOR OR RACE

Wh

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Wid.

8. DATE OF BIRTH

Sept. 14, 1873

9. AGE (In years last birthday)

79

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Archangel Zamponi

14. MOTHER'S MAIDEN NAME

Angela Marinelli

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
 Records: Balto. City Hospitals
 4940 Eastern Ave.

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
 (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Generalized Arteriosclerosis with Uremia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Diabetes Mellitus

DUE TO

(C)

II
 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-17, 1952, to 2-15, 1953, that I last saw the deceased alive on 2-15, 1953, and that death occurred at 7:35 p.m., from the causes and on the date stated above.

23A. SIGNATURE

H. C. Johnson

23B. ADDRESS

4940 Eastern Ave., Balto. Md.

23C. DATE SIGNED

2-15-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Feb. 18 1953

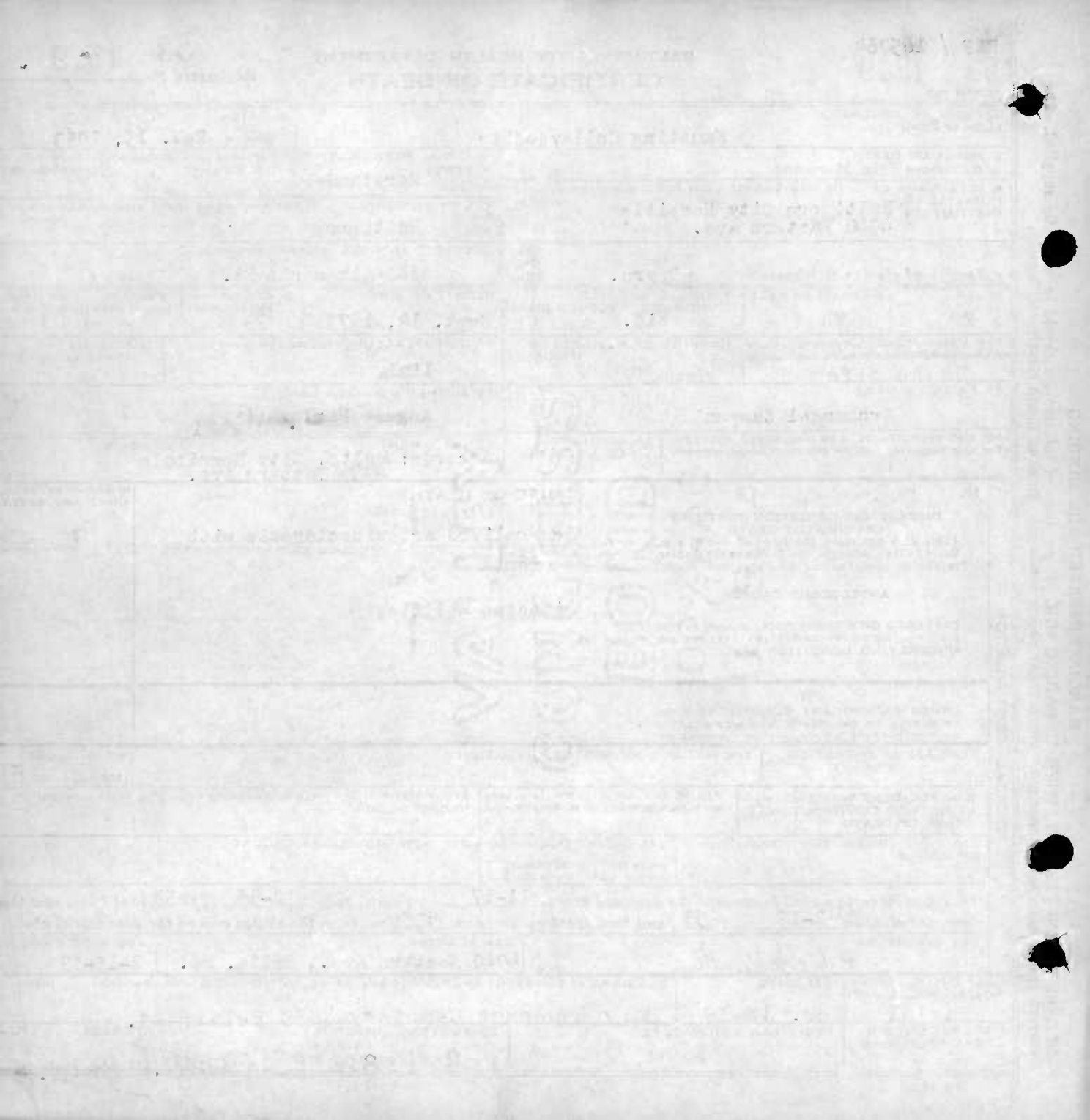
Holy Redeemer Cemetery 4430 Belair Rd

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



53 1820

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1820

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDGAR D. BURNETT

2. DATE
OF

DEATH 2/16/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland 400 E. Fort Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution; residence
before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

400 E. Fort Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

I/1/80

9. AGE (in years
last birthday)

73

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Pressman

10B. KIND OF BUSINESS OR
INDUSTRY

News - American

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Solomon Burnett

14. MOTHER'S MAIDEN NAME

Mary Chasen

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Family - Same

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

about 3 yrs ago.

19B. MAJOR FINDINGS OF OPERATION

Amputation Leg.

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2 1953 to 2/16 1953, that I last saw the
deceased alive on 2/14 1953 and that death occurred at 12:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

John A. Schenck

M. D.

23B. ADDRESS

1337 E. Charles St.

23C. DATE SIGNED

2/17/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

B

24B. DATE

2/19/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington H. H. Smith, Jr.

25. FUNERAL DIRECTOR

James L. McCully - 130 E. Fort Ave.

ADDRESS

STATE OF NEW YORK

DEPARTMENT OF HEALTH

1950

10-10-50

THIS CERTIFICATE IS TO BE COMPLETED BY THE PHYSICIAN OR OTHER PERSON HAVING KNOWLEDGE OF THE CAUSE OF DEATH. IT IS TO BE FILED IN THE OFFICE OF THE HEALTH COMMISSIONER, ALBANY, NEW YORK, AND A COPY IS TO BE FURNISHED TO THE LOCAL HEALTH DEPARTMENT.

1. NAME OF DECEASED: [REDACTED]

2. SEX: [REDACTED] AGE: [REDACTED]

3. DATE OF DEATH: [REDACTED] PLACE OF DEATH: [REDACTED]

4. CAUSE OF DEATH: [REDACTED]

5. MANNER OF DEATH: [REDACTED]

6. SIGNATURE OF PHYSICIAN: [REDACTED]

7. SIGNATURE OF REGISTRAR: [REDACTED]

8. SIGNATURE OF WITNESS: [REDACTED]

9. SIGNATURE OF PHYSICIAN: [REDACTED]

10. SIGNATURE OF REGISTRAR: [REDACTED]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

- 400

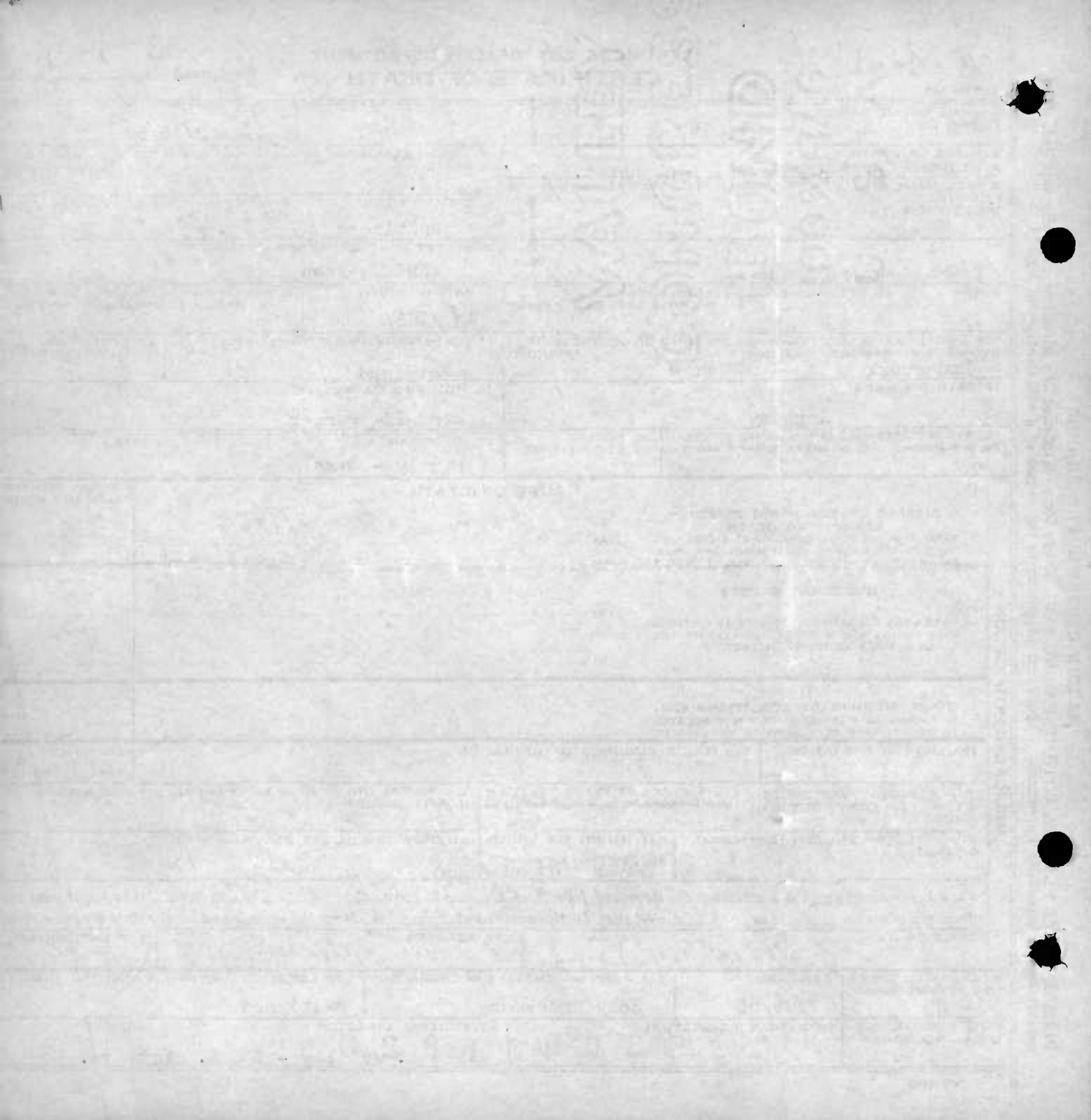
58-1821

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1821

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LOUISE G. COYLE			2. DATE OF DEATH 2/15/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland 135I Jackson St.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 24-02		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 135I Jackson Street		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 4/1887	9. AGE (In years last birthday) 65	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10B. KIND OF BUSINESS OR INDUSTRY Home		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Anthony			14. MOTHER'S MAIDEN NAME Mary Ida Nurser		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		
17. INFORMANT Family - Same			ADDRESS		
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Cerebral Hemorrhage DUE TO (B) Hemiplegia DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 3 days 3 days					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb 12 19 53 , to Feb 15 , 19 53 , that I last saw the deceased alive on Feb 13 , 19 53 , and that death occurred at 4:00 m. from the causes and on the date stated above.					
23A. SIGNATURE [Signature]			23B. ADDRESS 1219 William St.		23C. DATE SIGNED 2/17/53
24A. BURIAL, CREMATION, REMOVAL (Specify) B		24B. DATE 2/19/53	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer		24D. LOCATION (City, town, or county) (State) Baltimore
DATE RECEIVED BY LOCAL REGISTRAR FEB 17 1953		REGISTRAR'S SIGNATURE Huntington		25. FUNERAL DIRECTOR James L. McCully - 130 E. Fort Ave.	



53-530
53-1822BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1822
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM W. SMITH

2. DATE
OF
DEATH

2/16/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland 540 Maude Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

540 Maude Avenue

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

7/9/66

9. AGE (In years
last birthday)

86

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Painter

10B. KIND OF BUSINESS OR
INDUSTRY

B, C, & A Co.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Family - Same

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

arteriosclerotic heart
disease

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Blind - both eyes

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/14, 1953, to 2/16, 1953, that I last saw the
deceased alive on 2/16, 1953, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

203 Patapescus and

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

B

24B. DATE

2/18/53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 17 1953

Huntington, Charles M.

James E. McCully - 130 E. Fort Avenue

CERTIFICATE OF DEATH

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

PLACE OF MARRIAGE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

PLACE OF MARRIAGE

G-620
53 1823BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1823
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) ANDREW GERSEY		2. DATE OF DEATH FEB: 15 :1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 1108 BURGUNDY STREET		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE CITY 21-01			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1108 BURGUNDY STREET			
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 11-24-1881	9. AGE (In years last birthday) 71	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10B. KIND OF BUSINESS OR INDUSTRY Building		11. BIRTHPLACE (State or foreign country) Czechoslovakia	
13. FATHER'S NAME Andrew Gersey Sr.		16. SOCIAL SECURITY NO. None		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT ADDRESS <i>Stevens, Harry - 3100 ... Rd.</i>	
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Arterio sclerotic heart disease..... DUE TO		CAUSE OF DEATH (A) Arterio sclerotic heart disease..... (B) General arterio sclerosis DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 1 to 2 years ?	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1/16/ , 19 53 to 2/15 , 19 53 , that I last saw the deceased alive on 2/14/ , 19 53 , and that death occurred at 2:30 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE <i>Harry Beisel</i> M. D.		23B. ADDRESS 1226 S. Hanover Street		23C. DATE SIGNED 2/16/ 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE FEB:18: 53	24C. NAME OF CEMETERY OR CREMATORY LOUDON PARK CEMETERY		24D. LOCATION (City, town, or county) (State) BALTIMORE MARYLAND	
DATE RECEIVED BY LOCAL REGISTRAR FEB 17 1953		REGISTRAR'S SIGNATURE <i>Huntington S. ...</i>		25. FUNERAL DIRECTOR ADDRESS <i>F.B. Wippert & Son</i>	

STATE OF NEW YORK
DEPARTMENT OF HEALTH
OFFICE OF THE ATTORNEY GENERAL
BUREAU OF VITAL RECORDS
BUREAU OF STATISTICS
BUREAU OF INVESTIGATION
BUREAU OF LABOR
BUREAU OF MINES
BUREAU OF SCHOOLS
BUREAU OF SOCIAL WELFARE
BUREAU OF TAXATION
BUREAU OF TRADING COMPANIES
BUREAU OF UTILITIES
BUREAU OF VETERANS
BUREAU OF WILDERNESS
BUREAU OF ZOOLOGICAL GARDENS

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53 1824

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 1824

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM KNAPP WIDDUP

2. DATE
OF
DEATH

Feb. 15, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

Howard

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR US Public Health Service
INSTITUTION Hospital

Wyman Pk. Drive & 31st St.

C. CITY OR TOWN

Ellicott City

D. STREET ADDRESS (If rural, give location)

Wheatfield Farm

c. Length of stay in Baltimore

13 days

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

6/24/21

9. AGE (In years

last birthday)

31

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Farmer

10B. KIND OF BUSINESS OR
INDUSTRY

Dairy Farmer

11. BIRTHPLACE (State or foreign country)

Iowa

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

William Widdup

14. MOTHER'S MAIDEN NAME

Florentine Knapp

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

WW 2 - USN

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

ADDRESS

Records- US PHS Hospital, Balto, Md.

18. 201X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Hodgkin's disease, generalized

3 yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 2, 1953, to Feb. 15, 1953, that I last saw the
deceased alive on Feb. 12, 1953, and that death occurred at 3:55 P.M., from the causes and on the date stated above.

23A. SIGNATURE

J.A. Hunter
J.A. Hunter, Clinical Director

M. D.

23B. ADDRESS

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

2/16/53

24A. BURIAL, CREM-
ATION, REMOVAL (Specify)

24B. DATE

Burial 2/18/53

24C. NAME OF CEMETERY OR CREMATORY

St. Johns Cemetery

24D. LOCATION (City, town, or county)

Ellicott City, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 17 1953

Catonsville, Md.

OFFICE OF THE CHIEF OF ENGINEERS

WASHINGTON, D. C.

REPORT OF THE CHIEF OF ENGINEERS

ON THE PROGRESS OF THE WORK OF THE

ENGINEERING DEPARTMENT OF THE ARMY

FOR THE YEAR 1900

PREPARED BY THE CHIEF OF ENGINEERS

1901

53 1825

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1825
Registered No.

BIRTH NO. 52-31834

1. NAME OF DECEASED
(Type or Print)

MICHAEL WHITE

2. DATE
OF
DEATH

FEB. 15 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MD.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

UNIVERSITY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE 19-01

D. STREET ADDRESS (If rural, give location)

1639 EDMUNSON AV.

c. Length of stay in Baltimore

8 mos

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

May 31, 1952

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

8

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Infant

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Sidney White

14. MOTHER'S MAIDEN NAME

Dorothy Burke

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Beatrice Young, 1639 Ed. Ave.

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) TUBERCULOUS MENINGITIS

3 Days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) MILIARY TUBERCULOSIS

DUE TO PULMONARY TUBERCULOSIS

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

n. WHILE AT WORK ☐ NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 2/13, 1953, to 2/15, 1953, that I last saw the
deceased alive on 2/14, 1953 and that death occurred at 11:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 17 1953

Huntington 5-3-9, Mrs. Katie R. Williams, Schenck St

UNIVERSITY OF MICHIGAN LIBRARY

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 1826**

53 1826
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Pearl Forrest			2. DATE OF DEATH Feb. 15, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) A. STATE MD B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Provident Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 19-01		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 422 N. Mount St.		
5. SEX Female	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 10, 1893	9. AGE (In years last birthday) 59	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10B. KIND OF BUSINESS OR INDUSTRY DOMESTIC	11. BIRTHPLACE (State or foreign country) Loretto Va.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James Sales			14. MOTHER'S MAIDEN NAME Purley White		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT John L. Forrest ADDRESS 422 N. Mount St.		

18. 592X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO			
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO Chronic Glomerulonephritis	
		(C) DUE TO Hypertension	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb. 6, 1953 , to Feb. 15, 1953 , that I last saw the deceased alive on Feb. 15, 1953 , and that death occurred at 11:30 m., from the causes and on the date stated above.					
23A. SIGNATURE Stanford P. Henderson		23B. ADDRESS 2309 Dundee Ave. M.D.		23C. DATE SIGNED 2-17-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/18/1953		24C. NAME OF CEMETERY OR CREMATORY W. T. Zion Cem.	
24D. LOCATION (City, town, or county) (State) Lansdowne Md		24E. LOCATION (City, town, or county) (State) 3224		24F. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR FEB 17 1953		REGISTRAR'S SIGNATURE Huntington S. Sales		25. FUNERAL DIRECTOR Ms. Katie P. Williams ADDRESS Schenck St	

CERTIFICATE OF DEATH

NAME OF DECEASED _____		SEX _____		AGE _____	
DATE OF BIRTH _____		PLACE OF BIRTH _____		OCCUPATION _____	
MARITAL STATUS _____		CAUSE OF DEATH _____		PLACE OF DEATH _____	
TIME OF DEATH _____		SIGNATURE OF PHYSICIAN _____		SIGNATURE OF REGISTRAR _____	

NAME OF DECEASED _____		SEX _____		AGE _____	
DATE OF BIRTH _____		PLACE OF BIRTH _____		OCCUPATION _____	
MARITAL STATUS _____		CAUSE OF DEATH _____		PLACE OF DEATH _____	
TIME OF DEATH _____		SIGNATURE OF PHYSICIAN _____		SIGNATURE OF REGISTRAR _____	

53 1827

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1827

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Regina Shimmel

2. DATE
OF
DEATH

2/15/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1423 Homestead St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1423 Homestead St.

C. Length of stay in Baltimore

26 yrs

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Mar. 20. 1890

9. AGE (In years
last birthday)

62

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own

11. BIRTHPLACE (State or foreign country)

Penna.

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

John Becker

14. MOTHER'S MAIDEN NAME

Mary Kilduff

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Homer Shimmel 1423 Homestead St.

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Arteriosclerotic Cardio-
vascular Disease

1 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Adenocarcinoma, Sigmoid

6 mos.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Dec. 1952, to Feb. 15, 1953, that I last saw the
deceased alive on Feb. 14, 1953, and that death occurred at 6 P. m., from the causes and on the date stated above.

22A. SIGNATURE

Wm. H. Kammer, Jr.

M. D.

22B. ADDRESS

501 Sheridan Ave.

22C. DATE SIGNED

Feb. 17, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/18/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington H. Lewis

25. FUNERAL DIRECTOR

John A. Moran 3000 E. Baltimore St.

ADDRESS

53 1828 FILM #G608

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1828
Registered No. 10731785

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>MARY Prassinias</i>		2. DATE OF DEATH <i>2-15-53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>26-05</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>633 S. Rappolla St</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore <i>13 year</i>		D. STREET ADDRESS (If rural, give location) <i>633 S. Rappolla St</i>	
5. SEX <i>f</i>	6. COLOR OR RACE <i>w.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>9-18-1895</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years; last birthday) <i>57-5</i>
13. FATHER'S NAME <i>George Stamatelos</i>		11. BIRTHPLACE (State or foreign country) <i>Greece</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		12. CITIZEN OF WHAT COUNTRY? <i>Greece</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Argilo Bulles</i>	
17. INFORMANT <i>Husband</i>		ADDRESS <i>same</i>	
18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO <i>(A) cerebral hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 yrs.</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO <i>(B) Hypertensive c-v diseas.</i>			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>none</i>			
19A. DATE OF OPERATION <i>none</i>		19B. MAJOR FINDINGS OF OPERATION <i>—</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Jan</i> , 1950, to <i>2-15</i> , 1953, that I last saw the deceased alive on <i>2/7</i> , 1953, and that death occurred at <i>8:30 p.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>James H. Cearns</i>		23B. ADDRESS <i>1414 N. Blvd. Balto 2</i>	
23C. DATE SIGNED <i>2/17/53</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>2-18-53</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Greek Cemetery</i>		24D. LOCATION (City, town, or county) (State) <i>Windsor Mill Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>	
REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		ADDRESS <i>LAMBRIS Inc. 440 E.N</i>	

CERTIFICATE OF DEATH

<p>1. Name of deceased: <i>John Doe</i></p>		<p>2. Sex: <i>Male</i></p>		<p>3. Age: <i>45</i></p>	
<p>4. Date of death: <i>Jan 15 1900</i></p>		<p>5. Time of death: <i>10:30 AM</i></p>		<p>6. Place of death: <i>Home</i></p>	
<p>7. Cause of death: <i>Heart Disease</i></p>		<p>8. Immediate cause: <i>Myocardial Infarction</i></p>		<p>9. Underlying cause: <i>Arteriosclerosis</i></p>	
<p>10. Signature of physician: <i>Dr. J. Smith</i></p>		<p>11. Signature of registrar: <i>John Doe</i></p>		<p>12. Signature of informant: <i>John Doe</i></p>	
<p>13. Date of registration: <i>Jan 16 1900</i></p>		<p>14. Time of registration: <i>11:00 AM</i></p>		<p>15. Place of registration: <i>City Hall</i></p>	
<p>16. Name of registrar: <i>John Doe</i></p>		<p>17. Name of informant: <i>John Doe</i></p>		<p>18. Name of physician: <i>Dr. J. Smith</i></p>	
<p>19. Name of hospital: <i>St. Mary's</i></p>		<p>20. Name of doctor: <i>Dr. J. Smith</i></p>		<p>21. Name of nurse: <i>Miss Jones</i></p>	
<p>22. Name of undertaker: <i>Mr. Brown</i></p>		<p>23. Name of funeral home: <i>Mr. Brown</i></p>		<p>24. Name of cemetery: <i>St. Mary's</i></p>	
<p>25. Name of burial place: <i>St. Mary's</i></p>		<p>26. Name of interment: <i>St. Mary's</i></p>		<p>27. Name of monument: <i>St. Mary's</i></p>	
<p>28. Name of monument: <i>St. Mary's</i></p>		<p>29. Name of monument: <i>St. Mary's</i></p>		<p>30. Name of monument: <i>St. Mary's</i></p>	
<p>31. Name of monument: <i>St. Mary's</i></p>		<p>32. Name of monument: <i>St. Mary's</i></p>		<p>33. Name of monument: <i>St. Mary's</i></p>	
<p>34. Name of monument: <i>St. Mary's</i></p>		<p>35. Name of monument: <i>St. Mary's</i></p>		<p>36. Name of monument: <i>St. Mary's</i></p>	
<p>37. Name of monument: <i>St. Mary's</i></p>		<p>38. Name of monument: <i>St. Mary's</i></p>		<p>39. Name of monument: <i>St. Mary's</i></p>	
<p>40. Name of monument: <i>St. Mary's</i></p>		<p>41. Name of monument: <i>St. Mary's</i></p>		<p>42. Name of monument: <i>St. Mary's</i></p>	
<p>43. Name of monument: <i>St. Mary's</i></p>		<p>44. Name of monument: <i>St. Mary's</i></p>		<p>45. Name of monument: <i>St. Mary's</i></p>	
<p>46. Name of monument: <i>St. Mary's</i></p>		<p>47. Name of monument: <i>St. Mary's</i></p>		<p>48. Name of monument: <i>St. Mary's</i></p>	
<p>49. Name of monument: <i>St. Mary's</i></p>		<p>50. Name of monument: <i>St. Mary's</i></p>		<p>51. Name of monument: <i>St. Mary's</i></p>	
<p>52. Name of monument: <i>St. Mary's</i></p>		<p>53. Name of monument: <i>St. Mary's</i></p>		<p>54. Name of monument: <i>St. Mary's</i></p>	
<p>55. Name of monument: <i>St. Mary's</i></p>		<p>56. Name of monument: <i>St. Mary's</i></p>		<p>57. Name of monument: <i>St. Mary's</i></p>	
<p>58. Name of monument: <i>St. Mary's</i></p>		<p>59. Name of monument: <i>St. Mary's</i></p>		<p>60. Name of monument: <i>St. Mary's</i></p>	
<p>61. Name of monument: <i>St. Mary's</i></p>		<p>62. Name of monument: <i>St. Mary's</i></p>		<p>63. Name of monument: <i>St. Mary's</i></p>	
<p>64. Name of monument: <i>St. Mary's</i></p>		<p>65. Name of monument: <i>St. Mary's</i></p>		<p>66. Name of monument: <i>St. Mary's</i></p>	
<p>67. Name of monument: <i>St. Mary's</i></p>		<p>68. Name of monument: <i>St. Mary's</i></p>		<p>69. Name of monument: <i>St. Mary's</i></p>	
<p>70. Name of monument: <i>St. Mary's</i></p>		<p>71. Name of monument: <i>St. Mary's</i></p>		<p>72. Name of monument: <i>St. Mary's</i></p>	
<p>73. Name of monument: <i>St. Mary's</i></p>		<p>74. Name of monument: <i>St. Mary's</i></p>		<p>75. Name of monument: <i>St. Mary's</i></p>	
<p>76. Name of monument: <i>St. Mary's</i></p>		<p>77. Name of monument: <i>St. Mary's</i></p>		<p>78. Name of monument: <i>St. Mary's</i></p>	
<p>79. Name of monument: <i>St. Mary's</i></p>		<p>80. Name of monument: <i>St. Mary's</i></p>		<p>81. Name of monument: <i>St. Mary's</i></p>	
<p>82. Name of monument: <i>St. Mary's</i></p>		<p>83. Name of monument: <i>St. Mary's</i></p>		<p>84. Name of monument: <i>St. Mary's</i></p>	
<p>85. Name of monument: <i>St. Mary's</i></p>		<p>86. Name of monument: <i>St. Mary's</i></p>		<p>87. Name of monument: <i>St. Mary's</i></p>	
<p>88. Name of monument: <i>St. Mary's</i></p>		<p>89. Name of monument: <i>St. Mary's</i></p>		<p>90. Name of monument: <i>St. Mary's</i></p>	
<p>91. Name of monument: <i>St. Mary's</i></p>		<p>92. Name of monument: <i>St. Mary's</i></p>		<p>93. Name of monument: <i>St. Mary's</i></p>	
<p>94. Name of monument: <i>St. Mary's</i></p>		<p>95. Name of monument: <i>St. Mary's</i></p>		<p>96. Name of monument: <i>St. Mary's</i></p>	
<p>97. Name of monument: <i>St. Mary's</i></p>		<p>98. Name of monument: <i>St. Mary's</i></p>		<p>99. Name of monument: <i>St. Mary's</i></p>	
<p>100. Name of monument: <i>St. Mary's</i></p>		<p>101. Name of monument: <i>St. Mary's</i></p>		<p>102. Name of monument: <i>St. Mary's</i></p>	

53 1829

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53-1829

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPHINE D. BURTON

2. DATE
OF DEATH Feb. 17, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Marlborough Apts.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Marlborough Apts. - Wilson & Eutaw Place

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

8. DATE OF BIRTH

July 6, 1876

9. AGE (in years last birthday)

76

If Under 1 Year Months Days
If Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

Minnesota

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Jacob Deutsch

14. MOTHER'S MAIDEN NAME

Malchen Etlinger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Jose L. Hirsh - Pikesville, Md.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Acute Cardiac ?/1

Pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Advanced Parkinson's disease

DUE TO

(C)

Chr. Comany insufficiency

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan. 1943 to Feb. 17, 1953, that I last saw the deceased alive on Jan. 16, 1953, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Reuben G. Col

M. D.

23B. ADDRESS

maubor pl

23C. DATE SIGNED

2/17/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

24B. DATE

2/19/53

24C. NAME OF CEMETERY OR CREMATORY

Green Mount Crem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

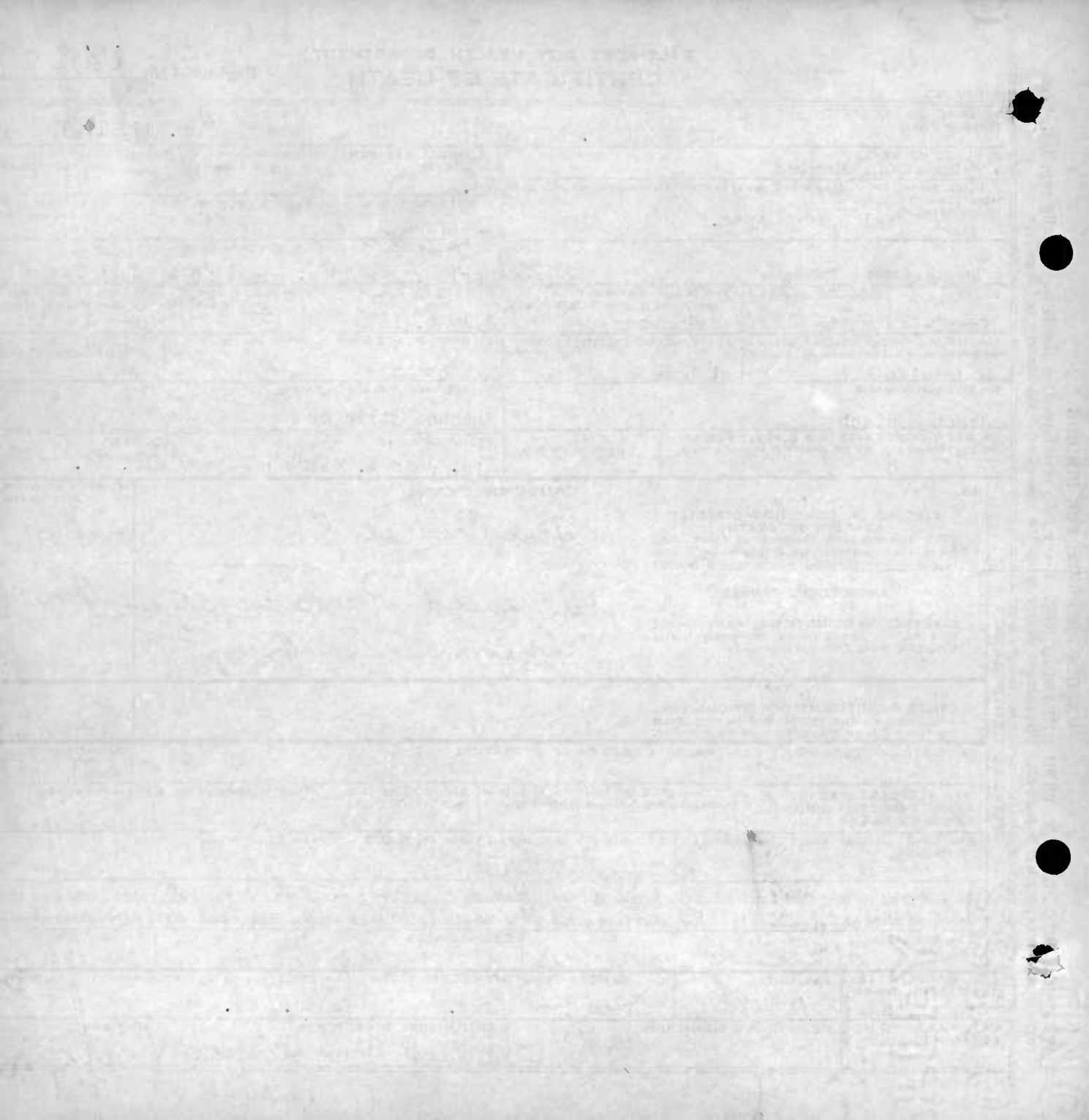
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Chas. J. Schenker & Sons

Balto 17, Md.



53 1880

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1880
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BAKER - Anna Elizabeth

2. DATE
OF
DEATH

Feb 16, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

Church Home Hosp.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

Towson

D. STREET ADDRESS (If rural, give location)

314 West Wood Rd.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

Feb 28, 1978

9. AGE (in years
last birthday)

74

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George BAKER

14. MOTHER'S MAIDEN NAME

Margaret Stellanor

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Sister, Mrs. Rollman, 614 Chapel

18. 332X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Thrombosis

DUE TO

6 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Generalized arteriosclerosis

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 12, 1953, to Feb 16, 1953, that I last saw the
deceased alive on Feb 16, 1953, and that death occurred at 6:57 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Thymon H. Long

M. D.

23B. ADDRESS

Church Home Hosp.

23C. DATE SIGNED

Feb 17, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/19/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

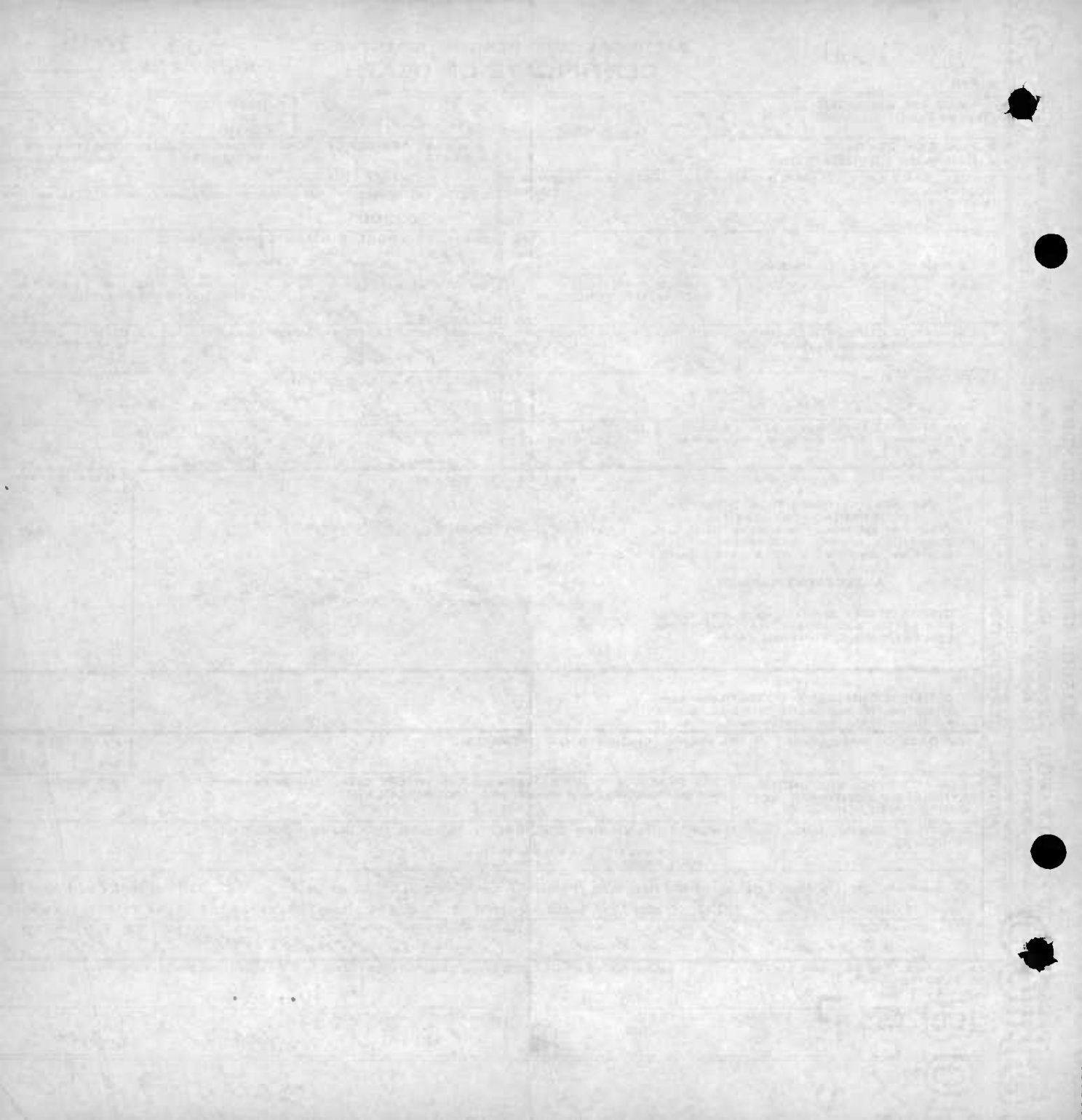
Thymon H. Long

25. FUNERAL DIRECTOR

Wm. J. Pickner & Sons

ADDRESS

Balto 17, Md.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 1831

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Albert Alden Guthridge2. DATE
OF
DEATHFebruary 16, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE Virginia
B. COUNTY V-42B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION US PHS Hospital
Baltimore, MarylandC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)
Arlington

c. Length of stay in Baltimore

Yrs.
Mos.
DaysD. STREET ADDRESS (If rural, give location)
3713 First Road South

5. SEX

Male

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Wid.

8. DATE OF BIRTH

10-4-089. AGE (in years
last birthday)44If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Engineer10B. KIND OF BUSINESS OR
INDUSTRYSeafaring

11. BIRTHPLACE (State or foreign country)

La.12. CITIZEN OF
WHAT COUNTRY?USA

13. FATHER'S NAME

Guy Guthridge

14. MOTHER'S MAIDEN NAME

Raschen Smith15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)Unknown16. SOCIAL
SECURITY NO.267-07-3744

17. INFORMANT

ADDRESS

Records, US PHS Hospital, Balto., Md.18. 519.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Acute fibrinous pleurisy with
DUE TO hydrothorax, right.Recent

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 30, 1953 to Feb. 16, 1953 that I last saw the
deceased alive on Feb. 16, 1953, and that death occurred at 11:45 P. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

J. A. Hunter, Clinical Director

M. D.

US PHS Hospital, Balto., Md.2-17-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)Removal

24B. DATE

2/17/53

24C. NAME OF CEMETERY OR CREMATORY

National Memorial Park

24D. LOCATION (City, town, or county) (State)

Fairfax Co., Va.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 18 1953454 9530Wm. J. Fisher & Sons

CERTIFICATE OF DEATH

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LA 3361

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 1832
Registered No. 1832

BIRTH NO. 53 1832		1. NAME OF DECEASED (Type or Print) <i>Nathan Washington</i>		2. DATE OF DEATH <i>2-14-53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>4-02</i>			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>716 W. Fayette St.</i> <i>WEST</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Sept. 23, 1922</i>	9. AGE (In years last birthday) <i>30</i>	H Under 1 Year Months Days H Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>Laborer</i>	11. BIRTHPLACE (State or foreign country) <i>South Carolina</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Nathan Washington</i>		14. MOTHER'S MAIDEN NAME <i>Susanna ?</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>214-26-6016</i>		17. INFORMANT ADDRESS <i>City Morgue, Baltimore, Md.</i>	
18. <i>E816.1</i> CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <i>Skull Fracture</i>					
DUE TO					
ANTECEDENT CAUSES (B)					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO					
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>Street</i>		21C. WHERE DID INJURY OCCUR? <i>Frank Furst Blvd. 2516</i>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>2/14/53. 3:30 p.m.</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <i>Driver of auto - ran into tractor trailer.</i>	
22. I certify that I took charge of the remains described above, held an <i>Disposition</i> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/>					
23A. SIGNATURE <i>William V. Smith</i>		M.D. 23B. CHIEF MEDICAL EXAMINER.....		23C. DATE SIGNED <i>2-15-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Feb. 21, 1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Lake City, S. Carolina</i>	
24D. LOCATION (City, town, or county) (State) <i>Lake City - S. Carolina</i>		25. FUNERAL DIRECTOR <i>Joseph L. Russ</i>		ADDRESS <i>2222 N. North Ave.</i>	

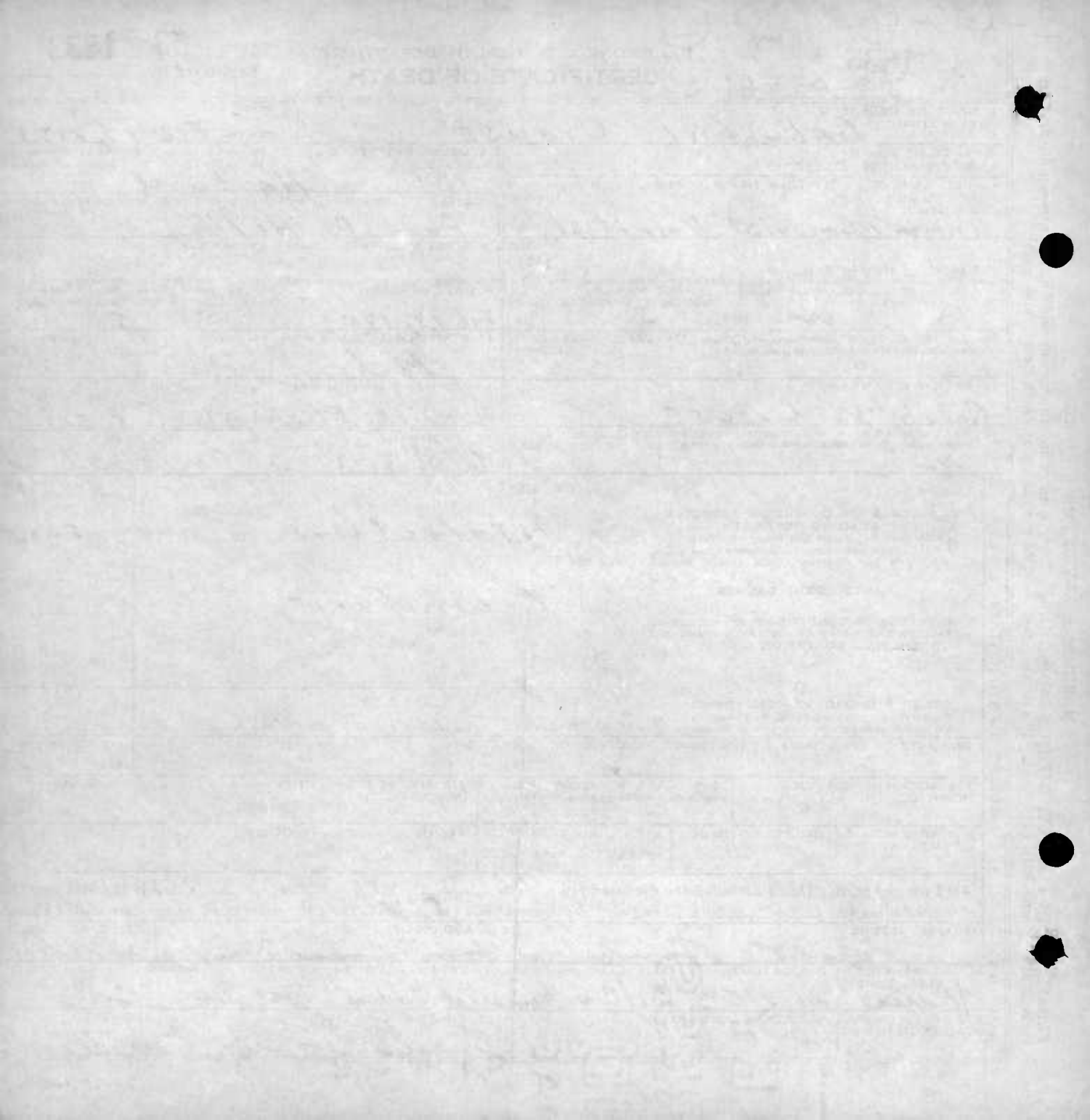
MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 1833		BALTIMORE CITY HEALTH DEPARTMENT		53 1833	
BIRTH NO. 53-04466		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) Baby Girl CROUSE			2. DATE OF DEATH Feb 12, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Md. B. COUNTY Hartford		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Union Memorial Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Forest Hill		
C. Length of stay in Baltimore 5 Days			D. STREET ADDRESS (If rural, give location) 6200		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH Feb 13, 1953	9. AGE (In years last birthday)	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 0		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Md.	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Ralph V. Crouse			14. MOTHER'S MAIDEN NAME Harriet Elizabeth Patton		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Ralph V. Crouse Forest Hill Md		
18. 762.5 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Atelectasis DUE TO (B) Prematurity DUE TO (C) Maternal Toxicosis of pregnancy			INTERVAL BETWEEN ONSET AND DEATH 5 days		
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 0		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Feb 13, 1953 to Feb 12, 1953 that I last saw the deceased alive on Feb 12, 1953 , and that death occurred at 5:15 p.m., from the causes and on the date stated above.					
23A. SIGNATURE Rose E. Brown M. D.			23B. ADDRESS Union Memorial Hosp		23C. DATE SIGNED 2/12/53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/19/53	24C. NAME OF CEMETERY OR CREMATORY Bel Air Memorial Gardens	24D. LOCATION (City, town, or county) (State) Bel Air Md.		
DATE RECEIVED BY LOCAL REGISTRAR FEB 18 1953	REGISTRAR'S SIGNATURE Huntington	25. FUNERAL DIRECTOR ADDRESS Charles C. Fung Jarrettsville Md			



53 1834

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1834
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HAMMOND, ARBRAY

2. DATE
OF
DEATH

2/16/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence
before admission)

A. STATE

MD.

B. COUNTY

Anne Arundel

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

University

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore Severn

D. STREET ADDRESS (If rural, give location)

Carif Meade Rd 5200

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE MARRIED

WIDOWED-DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)

38

H Under 1 Year

Months: Days

H Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

?

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Mathias Hammond

14. MOTHER'S MAIDEN NAME

Rosetta Brooks

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Probable CVA

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

H.C.U.D.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/16 1953 to 2/16 1953, that I last saw the
deceased alive on 2/16 1953 and that death occurred at 12⁰⁰ N., from the causes and on the date stated above.

23A. SIGNATURE

Geo. Alderman

M. D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

2/16/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2/19/53

24C. NAME OF CEMETERY OR CREMATORY

St. Rest Cme

24D. LOCATION (City, town, or county)

Q. A. Co. Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

James A. Wayner, 6384 Palmer

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

DEATH CERTIFICATE

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of Registrar	
9. Signature of Physician		10. Signature of Coroner		11. Signature of Medical Examiner		12. Signature of Health Officer	
13. Signature of Burial Officer		14. Signature of Undertaker		15. Signature of Funeral Home		16. Signature of Cemetery	
17. Signature of Church		18. Signature of Family		19. Signature of Friends		20. Signature of Neighbors	
21. Signature of Community		22. Signature of State		23. Signature of Nation		24. Signature of World	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53** 1835BIRTH NO. **53** 1835

1. NAME OF DECEASED (Type or Print) BERNARD JOSEPH FOWLER			2. DATE OF DEATH 2/15/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION VA HOSPITAL BALTIMORE 18, MD.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 12-05		
c. Length of stay in Baltimore 55 Yrs. 35			D. STREET ADDRESS (If rural, give location) 1800 BARCLAY STREET		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 3/2/04	9. AGE (In years last birthday) 55	10 Under 1 Year Months: Days: 11 Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHAUFFER		10B. KIND OF BUSINESS OR INDUSTRY CHAUFFERING	11. BIRTHPLACE (State or foreign country) BALTIMORE, MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME GEORGE P. FOWLER			14. MOTHER'S MAIDEN NAME MARY JANE McCLOSKEY		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) YES		16. SOCIAL SECURITY NO. 6/22/18 to 1/11/19 714-16-3490	17. INFORMANT ADDRESS VA HOSPITAL RECORDS VAH, BALTO., 18 MD.		
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CRANIAL HEMORRHAGE DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CIRRHOSIS OF THE LIVER			INTERVAL BETWEEN ONSET AND DEATH UNKNOWN		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			UNKNOWN		
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY VA m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/14 , 19 53 , to 2/15 , 19 53 , and that death occurred at 8:18 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE Barnett Berman		23B. ADDRESS VAH, BALTIMORE 18, MD.		23C. DATE SIGNED 2/16/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2-17-53	24C. NAME OF CEMETERY OR CREMATORY Baltimore National Cem		24D. LOCATION (City, town, or county) (State) Baltimore Md.
DATE RECEIVED BY LOCAL REGISTRAR FEB 18 1953		REGISTRAR'S SIGNATURE Huntington		25. FUNERAL DIRECTOR ADDRESS 4600 Liberty Heights Ave.	

April 1887
W. J. A. i

53 1836

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1836
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH KITZNER

2. DATE
OF
DEATH

2-17-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

28-31

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Doctors Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5517 Home Ave

c. Length of stay in Baltimore

Yrs. 43
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

55

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Presser

10B. KIND OF BUSINESS OR INDUSTRY

Clothing

11. BIRTH PLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Morris

14. MOTHER'S MAIDEN NAME

Sarah

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

218-22-2946

17. INFORMANT

ADDRESS

Lena Kitzner - Home

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage

1 week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cerebral arterio-sclerosis

about 2 months

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10:30, to 7:05 P.M., 1953 that I last saw the deceased alive on 4/16/53, 1953, and that death occurred at 6:27 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Julius C. Gluck, M.D.

23B. ADDRESS

5356 Reisterstown Rd

23C. DATE SIGNED

2/17/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 18 1953

Huntington

Jack Lewis

2100 Sutton Pl

A-165

53 1837

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MAX HARRIMSON

2. DATE
OF
DEATH

2-17-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

Md

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

3915 Brook Hill Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 27-20

C. Length of stay in Baltimore

60 Yrs.
Mes.
Days

D. STREET ADDRESS (If rural, give location)

3915 Brook Hill Ave

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (In years
last birthday)

68

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR
INDUSTRY

Clothing

11. BIRTHPLACE (State or foreign country)

Riga

12. CITIZEN OF
WHAT COUNTRY?

U.S. 9.

13. FATHER'S NAME

Not known

14. MOTHER'S MAIDEN NAME

Pauline

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

216-05-5716A

17. INFORMANT

Lena Harrison - Daughter

ADDRESS

18. 420.1 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Atherosclerotic Cardio-Vascular
Disease

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

Sudden

3 years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1945, to Feb. 17, 1953, that I last saw the
deceased alive on 2/16, 1953, and that death occurred at 4 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Blum

M. D.

23B. ADDRESS

1115 h Calver St

23C. DATE SIGNED

2/17/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 18, 1953

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Friendship

24D. LOCATION (City, town, or county)

Balto.

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

J. S. Blum Inc. 2100 Eutaw Pl.

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1838

53 1838

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Leba Herzfeld</i>			2. DATE OF DEATH <i>Feb 16, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>4613 Paris Hgts Ave</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Balt.</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mt Sinai Home</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balt. 15-05</i>		
C. Length of stay in Baltimore <i>50</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>2300 Wukita Ave WICHITA</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH	9. AGE (in years last birthday) <i>67</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Russia</i>	
13. FATHER'S NAME <i>Hersh</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>B. Herzfeld</i>			ADDRESS <i>-306 Equitable Bldg.</i>		
18. <i>204.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Chronic Myeloid Leukemia</i>					INTERVAL BETWEEN ONSET AND DEATH <i>1 year 7</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Oct. 15, 1952</i> to <i>Feb 16, 1953</i> that I last saw the deceased alive on <i>Feb 16, 1953</i> and that death occurred at <i>4:45 pm.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Gov. Smith</i>			23B. ADDRESS <i>2426 E. 1st Pl.</i>		23C. DATE SIGNED <i>2/16/53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>2/18/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Beth Elshoh</i>		24D. LOCATION (City, town, or county) (State) <i>Balt. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 18 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington</i>		25. FUNERAL DIRECTOR ADDRESS <i>2100 Eatan Pl.</i>	

CERTIFICATE OF DEATH

1. Name of deceased: _____

2. Sex: _____

3. Date of birth: _____

4. Place of birth: _____

5. Date of death: _____

6. Place of death: _____

7. Cause of death: _____

8. Manner of death: _____

9. Signature of physician: _____

10. Signature of registrar: _____

11. Signature of informant: _____

12. Signature of witness: _____

13. Signature of funeral director: _____

14. Signature of undertaker: _____

15. Signature of coroner: _____

16. Signature of justice of the peace: _____

17. Signature of health officer: _____

18. Signature of board of health: _____

19. Signature of board of supervisors: _____

20. Signature of board of trustees: _____

21. Signature of board of directors: _____

22. Signature of board of managers: _____

23. Signature of board of commissioners: _____

24. Signature of board of councilors: _____

25. Signature of board of aldermen: _____

26. Signature of board of common council: _____

27. Signature of board of city council: _____

28. Signature of board of county council: _____

29. Signature of board of legislative council: _____

30. Signature of board of senate: _____

31. Signature of board of assembly: _____

32. Signature of board of representatives: _____

33. Signature of board of delegates: _____

34. Signature of board of members: _____

35. Signature of board of senators: _____

36. Signature of board of congressmen: _____

37. Signature of board of representatives: _____

38. Signature of board of delegates: _____

39. Signature of board of members: _____

40. Signature of board of senators: _____

41. Signature of board of congressmen: _____

42. Signature of board of representatives: _____

43. Signature of board of delegates: _____

44. Signature of board of members: _____

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1839

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDWARD

WALLACE

2. DATE
OF DEATH February 14, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTY before admission)

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Jail

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 14-03

D. STREET ADDRESS (If rural, give location)

504 Gold Street

c. Length of stay in Baltimore

36 Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 3/1917

9. AGE (In years last birthday)

36 yrs

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Porter

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Frank Wallace

14. MOTHER'S MAIDEN NAME

Marian

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

INFORMANT ADDRESS
Clementine Wallace 504 Gold St

18. 307X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic alcoholism

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Dehydration

(C) Delirium tremens

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William C. [Signature]

23B. CHIEF MEDICAL EXAMINER.....☐ ASSISTANT MEDICAL EXAMINER.....☒ MEDICAL INVESTIGATOR.....☒23C. DATE SIGNED
Feb. 14, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

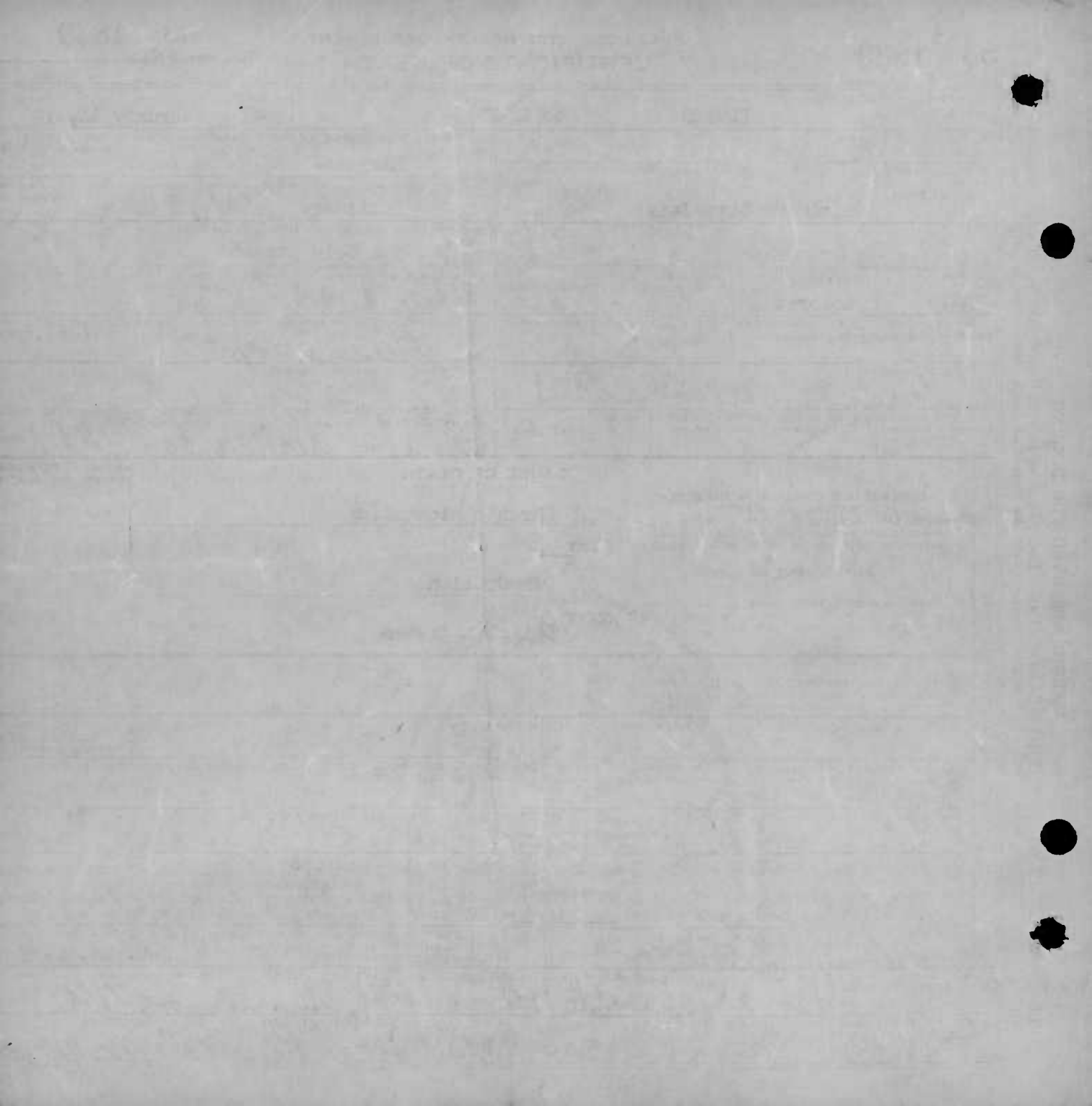
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



53 1840

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1840

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

JAMES L. DICKERSON

2. DATE OF DEATH 2/16/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1813 E. 28th St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

7-06

D. STREET ADDRESS (If rural, give location)

1813 E. 28th St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

May 27 1895

9. AGE (in years last birthday)

57

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Auto Sales Manager

10B. KIND OF BUSINESS OR INDUSTRY

J. R. Hunt Inc.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Auto Supplies Co.

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Ruth E. Dickerson 1813 E. 28th St

18. 177X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Insufficiency

DUE TO

1 month

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Carcinoma of Prostate

DUE TO

2 years

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1951

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Prostate

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1952, to Feb 1953, that I last saw the deceased alive on Feb 14, 1953, and that death occurred at 10:00 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Roy M. Zimmerman M.D.

23B. ADDRESS

2850 Hayford Rd

23C. DATE SIGNED

Feb 18, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

DATE RECEIVED BY LOCAL REGISTRAR

24B. DATE

2/19/53

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Frederick Ave.

(State)

25. FUNERAL DIRECTOR

ADDRESS

Huntington 5. 1953

Paul E. Schmidt 36104 6th St

VS 150

29060

Dr. Lay Zimmerman
2858 Highland Rd
Be. 3387

8-10 A.M.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1841

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELSIE G BOBLITZ

2. DATE
OF
DEATH

2/17/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hosp.

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto. 13-08

D. STREET ADDRESS (If rural, give location)

2089 Daniel Park Drive

8. DATE OF BIRTH

1/28/79

9. AGE (in years
last birthday)

74

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

—

16. SOCIAL
SECURITY NO.

—

17. INFORMANT

ADDRESS

Walter F. Boblitz 2089 Daniel Park Dr.

18. 420.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Coronary Heart Disease 6 hrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerosis, Heart unbr.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Hypertension -

Unbr.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 17, 1947, to Feb 17, 1953, that I last saw the
deceased alive on Feb 17, 1953, and that death occurred at 12:15 m., from the causes and on the date stated above.

23A. SIGNATURE

Rennett A. Steen

23B. ADDRESS

Lutherville

23C. DATE SIGNED

Feb 17, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/1/53

24C. NAME OF CEMETERY OR CREMATORY

Daniel Ridge

24D. LOCATION (City, town, or county)

Pikesville Md.

DATE RECEIVED BY
LOCAL REGISTRAR

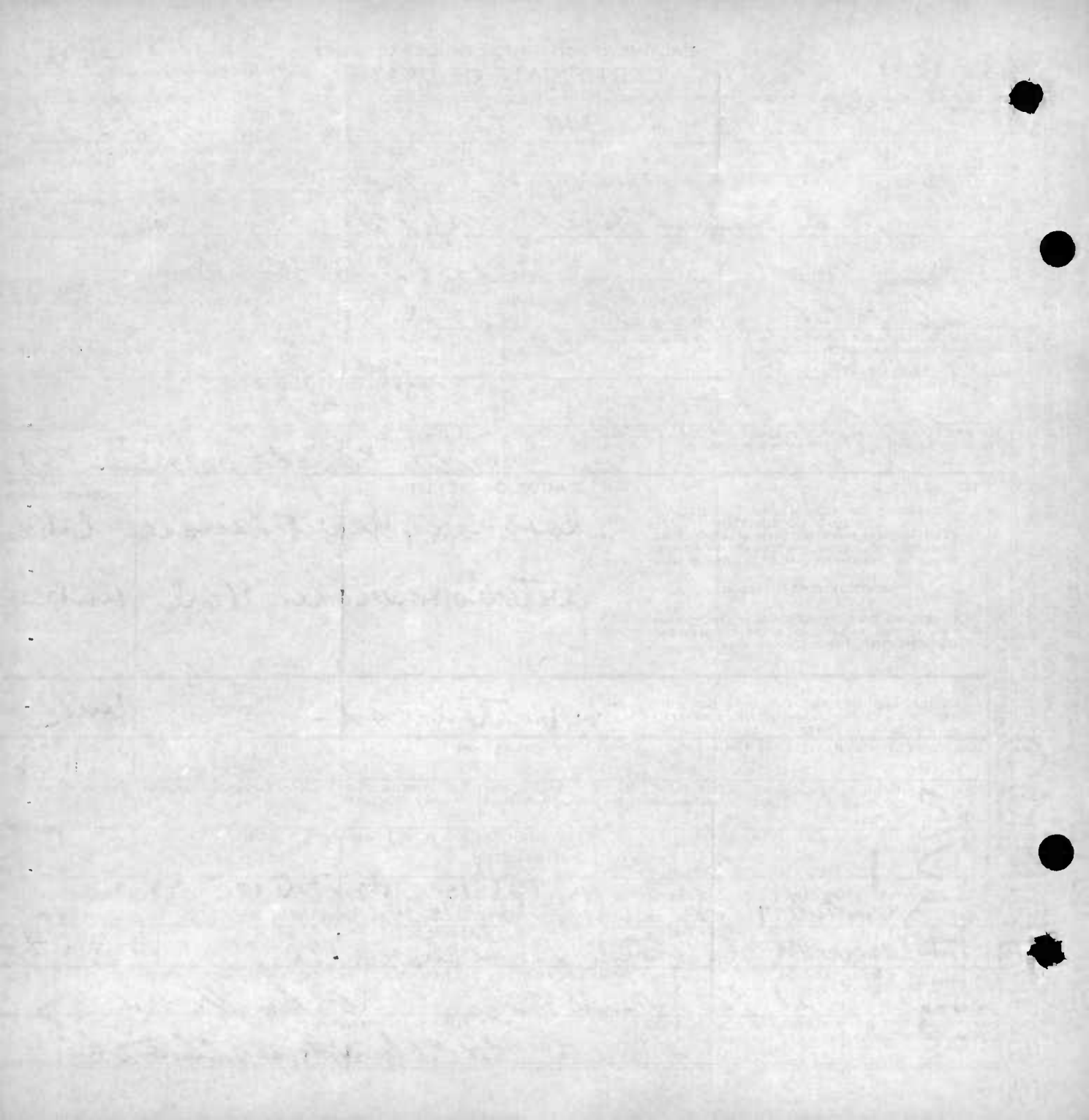
REGISTRAR'S SIGNATURE

Huntington 5:30

25. FUNERAL DIRECTOR

Paul C. Gehrman 3811 Chestnut Ave.

ADDRESS



53 1842

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1842
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Frederick Sauer*2. DATE
OF
DEATH*Feb. 16, 1953*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

Maryland

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)*2420 Mc Elderry Street*

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

*Balto.**7-02*

D. STREET ADDRESS (If rural, give location)

2420 Mc Elderry St.

C. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Married*

8. DATE OF BIRTH

*Sept. 25, 1881*9. AGE (In years
last birthday)*71*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Carpenter*10B. KIND OF BUSINESS OR
INDUSTRY*Self*

11. BIRTHPLACE (State or foreign country)

*Balto. Md.*12. CITIZEN OF
WHAT COUNTRY?*U. S. A.*

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

*Unknown*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.*218-22-8373*

17. INFORMANT

Mary T. Sauer - 2420 Mc Elderry St.

ADDRESS

18. *491X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Broncho Pneumonia*

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH*1 week*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Feb 10*, 1953, to *Feb 16*, 1953, that I last saw the
deceased alive on *Feb 14*, 1953, and that death occurred at *10 A* m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph Pokorny

M. D.

23B. ADDRESS

2200 E Madison St

23C. DATE SIGNED

*2/16/53*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

Feb 19 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Beltair Rd. - Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

John C. Miller Inc. - 2431 E. Oliver St

ADDRESS

FEB 18 1953

STATE OF NEW YORK

IN SENATE

January 1, 1901

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

FOR THE YEAR 1900

ALBANY:

1901

53 1843

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1843
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

G. MARIAN REED

2. DATE
OF
DEATH

Feb. 16, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

5008 Broadmoor Rd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5008 Broadmoor Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug. 14, 1902

9. AGE (in years,
last birthday)

50

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ohio

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Herbert Johnson

14. MOTHER'S MAIDEN NAME

Matilda

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Spencer W. Reed - 5008 Broadmoor Rd.

18. 170X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

June 16, 50

19B. MAJOR FINDINGS OF OPERATION

Mastectomy Rt. - Cancer.

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 6, 1953, to Feb 16, 1953 that I last saw the
deceased alive on Feb 15, 1953, and that death occurred at 6 PM, from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

1403 Park Ave

23C. DATE SIGNED

2-17-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/18/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto; Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington 1953

25. FUNERAL DIRECTOR

J. G. Spencer & Sons

ADDRESS

Balto 17, Md.

(UNIT)

0 0 4



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 1844

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALLEN RIDGELY PALMER

2. DATE OF DEATH
February 17, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

730 Colorado Avenue

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Nov. 25, 1893

9. AGE (In years last birthday)

59

10 Under 1 Year Months Days 11 Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
artist

10B. KIND OF BUSINESS OR INDUSTRY
commercial

11. BIRTHPLACE (State or foreign country)

New Jersey

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Henry C. Palmer

14. MOTHER'S MAIDEN NAME

Mary Ridgely

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

-

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mrs. Margaret Palmer - 730 Colorado Ave.

18. **422.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Arteriosclerotic cardiovascular disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Allen Ridgely Palmer

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☒
M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED
Feb. 17, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/19/53

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county) (State)

Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston S. D. O. 1953

25. FUNERAL DIRECTOR

ADDRESS

Wickner & Sons

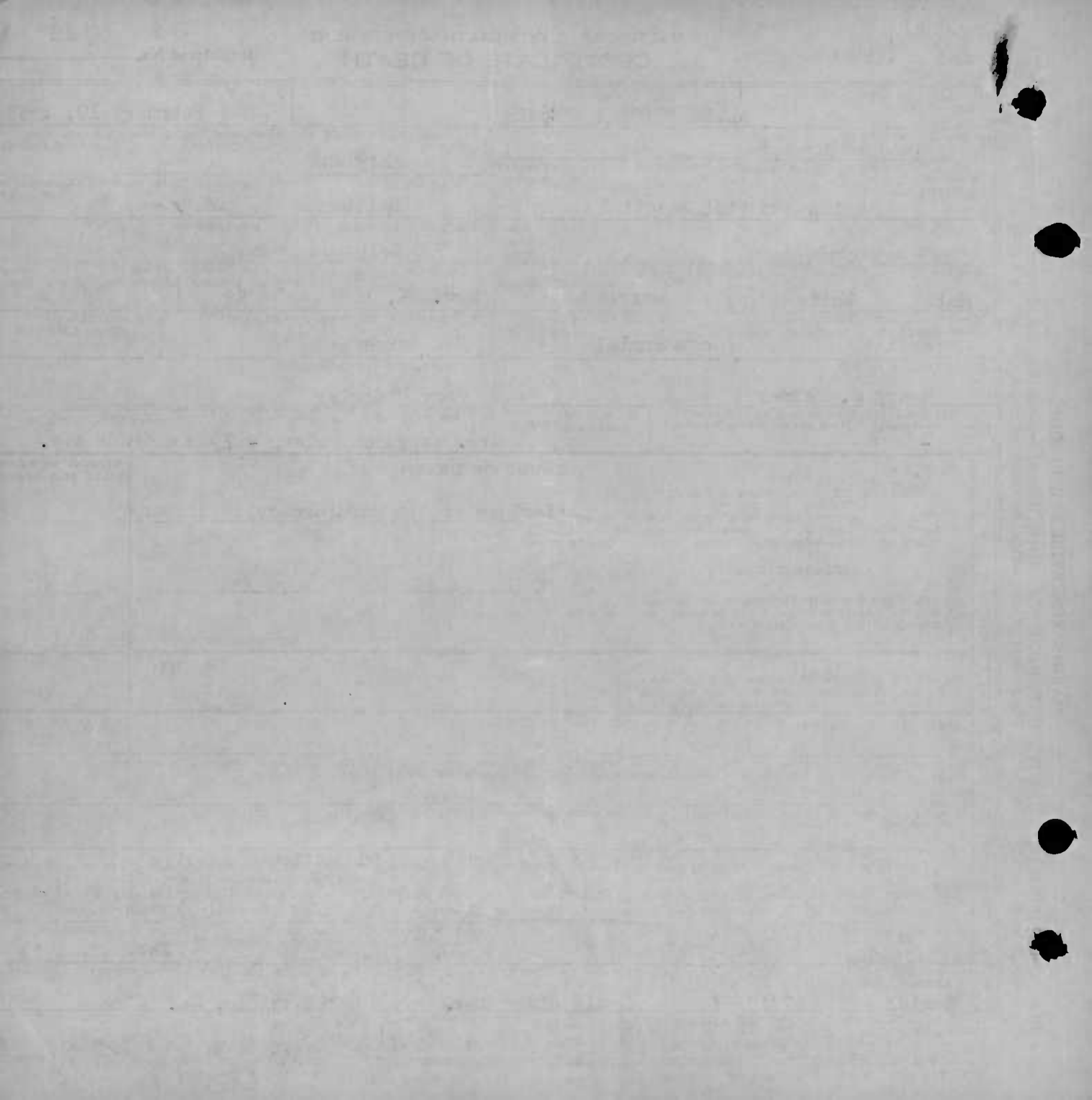
V S 151

00482

Barth 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

NANNIE L. W. THICKSON

2. DATE
OF
DEATH

February 17, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

University Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

4-02

D. STREET ADDRESS (If rural, give location)

652 W. Saratoga Street

E. Length of stay in Baltimore

10

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

6-5-1918

9. AGE (In years
last birthday)

34

If Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House Wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

S. C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Tillman Tarp

S. C.

14. MOTHER'S MAIDEN NAME

Bessie Mitchell S. C.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Wallace Hickson, 1025 W. Hanover ST.

18. 581.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Fatty liver

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

W. A. Smith

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☒
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Feb. 17, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-21-53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

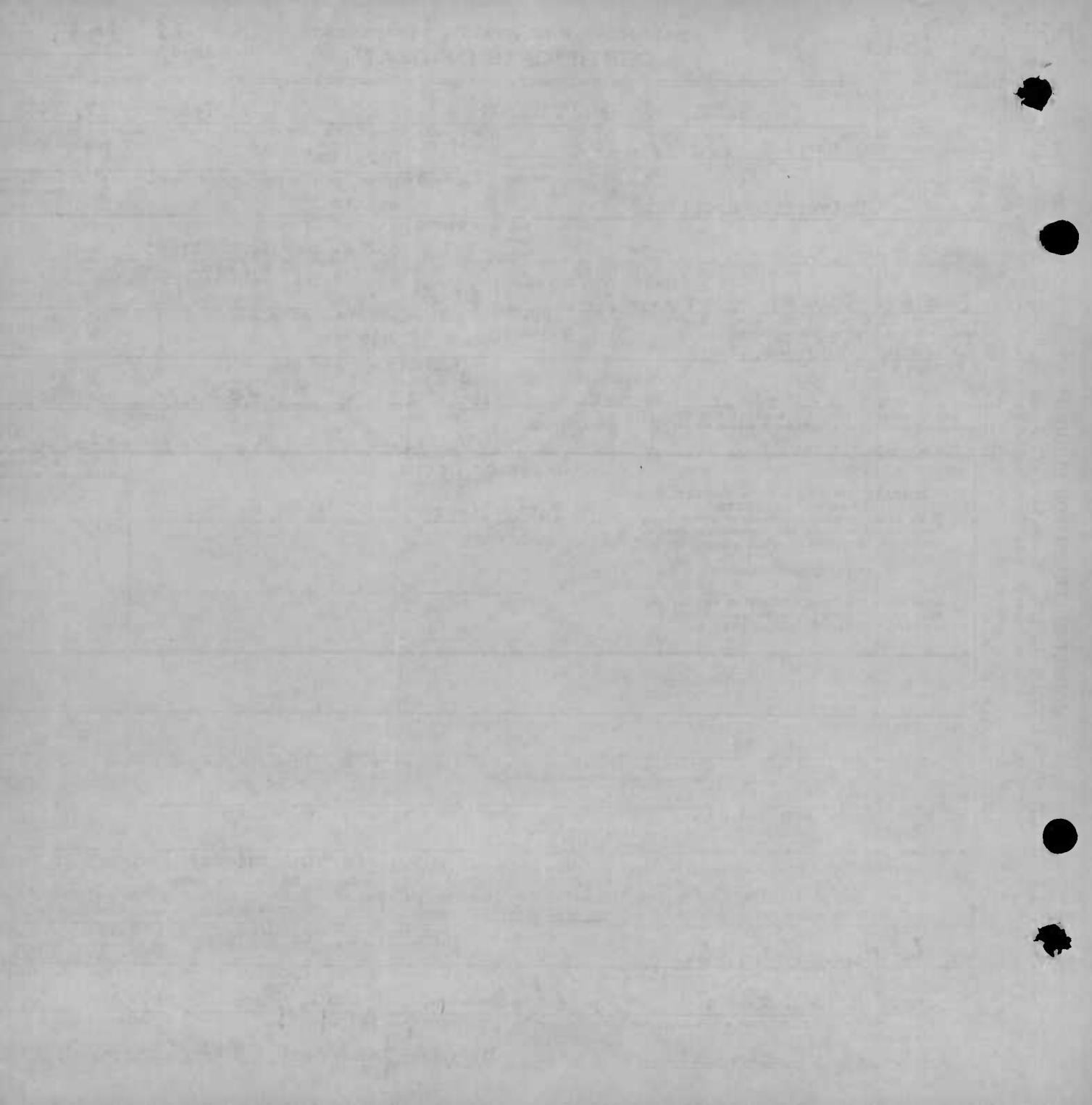
REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

ADDRESS

Wm. A. Jackson 916 Penna. Ave.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 1846

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Lee (Shipley) Shipman2. DATE
OF
DEATHFebruary 14, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

md.B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore10-02

D. STREET ADDRESS (If rural, give location)

1410 E. Madison St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

colored7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)widowed

8. DATE OF BIRTH

19-1-18989. AGE (in years
last birthday)55

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Unknown

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Clio, Alabama

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Veteran

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

✓

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Pulmonary Tuberculosis19 yrs.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-14, 1953, to 2-16, 1953, that I last saw the deceased alive on 2-16, 1953 and that death occurred at 5:50 P.M., from the causes and on the date stated above.

23A. SIGNATURE

George A. Edwards

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2-17-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-20-53

24C. NAME OF CEMETERY OR CREMATORY

Ba/to. National

24D. LOCATION (City, town, or county)

Ba/to. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 18 1953Huntington 5132, RT 2, Box 802 Madison Ave.

53 1847

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1847
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edward Franklin Jr.

2. DATE
OF
DEATH

Feb 15, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md

B. COUNTY

before admission)

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

306 n. Bruce st

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

Balto

17-01

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

o. STREET ADDRESS (If rural, give location)

306 n. Bruce st

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Porter

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Edward Franklin Jr.

14. MOTHER'S MAIDEN NAME

Sallie Foster

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Sallie Franklin 306 n. Bruce st

18. 141X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CAUSE OF DEATH

Carcinoma of Tongue
& MetastasisINTERVAL BETWEEN
ONSET AND DEATH

6 months

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 27, 1953, to Feb 15, 1953, that I last saw the
deceased alive on Feb 11, 1953, and that death occurred at 7 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Reginald H. Nelson

M. O.

23B. ADDRESS

426 n. Gilmor

23C. DATE SIGNED

2/11/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Feb 18, 1953

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington H. Nelson

25. FUNERAL DIRECTOR

Reginald H. Nelson 1303 Preston st

ADDRESS

CERTIFICATE OF DEATH

THE STATE OF NEW YORK

County of _____

City of _____

Town of _____

Ward of _____

Block of _____

Lot of _____

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1848
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

NORMA S MORAN

2. DATE
OF DEATH February 16, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTY before admission)B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Franklin Square Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore 18-03 township)

D. STREET ADDRESS (If rural, give location)

1012 Hollins Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1/17/1913

9. AGE (In years
last birthday)

40

If Under 1 Year
Months: Days: Hours: Min.12. CITIZEN OF
WHAT COUNTRY?10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Montgomery Ward

11. BIRTHPLACE (State or foreign country)

Newcastle Pa.

13. FATHER'S NAME

Harry Smith Dep Stone

14. MOTHER'S MAIDEN NAME

Beessie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Her N. Moran 1012 Hollins St

18. 330X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Ruptured congenital aneurysm of circle
of Willis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Massive subarachnoid hemorrhage

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. Hootch

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Feb. 17, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/19/53

24C. NAME OF CEMETERY OR CREMATORY

St. Peters

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

ADDRESS

1217 St. Paul St

2-525

53 1849

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1849

Registered No. _____

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>Langmead, Albert Edward.</i>			2. DATE OF DEATH <i>17 Feb 1953</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland ✓			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland.</i> B. COUNTY _____					
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>Union Memorial Hospital.</i>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>9-04</i>					
c. Length of stay in Baltimore			d. STREET ADDRESS (If rural, give location) <i>3008 Eilerslie Ave.</i>					
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married.</i>	8. DATE OF BIRTH <i>13 Dec 1893</i>		9. AGE (In years last birthday) <i>59.</i>	10 Under 1 Year Months: Days	11 Under 24 Hours Hours: Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>orderly Union Mem Hosp.</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Hospital</i>		11. BIRTHPLACE (State or foreign country) <i>New York State.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA.</i> ✓	
13. FATHER'S NAME <i>Alfred E. Langmead</i>			14. MOTHER'S MAIDEN NAME <i>Ellen KNE</i>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>			16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Union Memorial Hospital</i>			

18. <i>493X and 260X</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Pneumonia</i>		
DUE TO				
ANTECEDENT CAUSES		(B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO		
II		(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<i>Diabetes Mellitus</i>		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>16 Feb</i> , 1953, to <i>17 Feb</i> , 1953, that I last saw the deceased alive on <i>17 Feb</i> , 1953, and that death occurred at <i>2:30 A.M.</i> , from the causes and on the date stated above.				
23A. SIGNATURE <i>Mos. A.E. Moulton</i>		23B. ADDRESS <i>Union Memorial Hosp.</i>		23C. DATE SIGNED <i>17 Feb 53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>2/20/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Balto</i>	24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>Feb 18 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington</i>		25. FUNERAL DIRECTOR ADDRESS <i>Wm Cook Inc. 1217 St. Paul st</i>

7308T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1871

RECEIVED BY THE
SOUTH HOUSE OF COMMONS

1871

1871

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1871

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

IMMEDIATE CAUSE

INTERMEDIATE CAUSE

UNDERLYING CAUSE

MODE OF DEATH

PERMANENT DAMAGE

REMARKS

SIGNATURE OF PHYSICIAN

SIGNATURE OF REGISTRAR

SIGNATURE OF WITNESSES

DATE OF ENTRY

TIME OF ENTRY

PLACE OF ENTRY

CAUSE OF ENTRY

MODE OF ENTRY

PERMANENT DAMAGE

53 1851

MERRIFIELD
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1851
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Augusta Merrifield

2. DATE
OF
DEATH

Feb 17-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

3025 Windsor Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Baltimore

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Windsor Rest Home

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

15-47

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3025 Windsor Ave

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 26-1859

9. AGE (In years last birthday)

93

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

New York State

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Walter R. Merrifield

14. MOTHER'S MAIDEN NAME

Rose Manning

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Leonard Patterson 710 N. Valley

18.

450.0

I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Terminal Bronchopneumonia

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Arteriosclerosis Generalized

DUE TO

(C)

?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Feb 12, 1953 to Feb 17, 1953, that I last saw the deceased alive on Feb 17, 1953, and that death occurred at 3 P. m., from the causes and on the date stated above.

23A. SIGNATURE

William E. Lowman

M. D.

23B. ADDRESS

4443 Park Heights Ave

23C. DATE SIGNED

2.17.53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 18 1953

Huntington

25. FUNERAL DIRECTOR

ADDRESS

53 1852

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1852

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

David Johnson

2. DATE
OF
DEATH

Feb. 16-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE Md B. COUNTY 5-81 before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1211 Nolan Court

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

8-15-88

9. AGE (In years
last birthday)

64

10 Under 1 Year
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Longshoreman

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Halifax, Co. Va. U.S.A.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

David Johnson

14. MOTHER'S MAIDEN NAME

Martha Talley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18. 446x

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Uremia

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

4 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Nephrosclerosis, Senile
arteriosclerosis

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-12, 1953, to 2-16, 1953, that I last saw the
deceased alive on 2-16, 1953, and that death occurred at 9:35 p.m., from the causes and on the date stated above.

23A. SIGNATURE

David Johnson

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2/17/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 18 1953

Huntington Baltimore, Md.

A. G. Co.

1216 E. Calver St.

EDUCATION AND HEALTH COMMISSION
CERTIFICATE OF DEATH

Transmitted
to the Registrar

Specified to the
Registrar

For the Registrar
of the Registrar

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 1853

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Katherine Koch

2. DATE
OF
DEATH

Feb. 16 1953

3. PLACE OF DEATH:

✓ Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Ma.

16-06

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 929 Poplar Grove St.

D. STREET ADDRESS (If rural, give location)

Sugsbury Lutheran Home

5. SEX

F.

6. COLOR OR RACE

White

7. SINGLE MARRIED.

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Sept. 21 1871

9. AGE (in years

last birthday)

81

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

American

13. FATHER'S NAME

William E. Koch

14. MOTHER'S MAIDEN NAME

Mary Kothe

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Hus Katenhamp 6841 Campbell

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease i cardiac decompensation

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Pneumonia

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Feb. 14, 1953, to Feb. 16, 1953, that I last saw the deceased alive on Feb. 16, 1953, and that death occurred at 8:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Sze-jui Liu

M. D.

Ma. General Hospital

Feb. 16 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

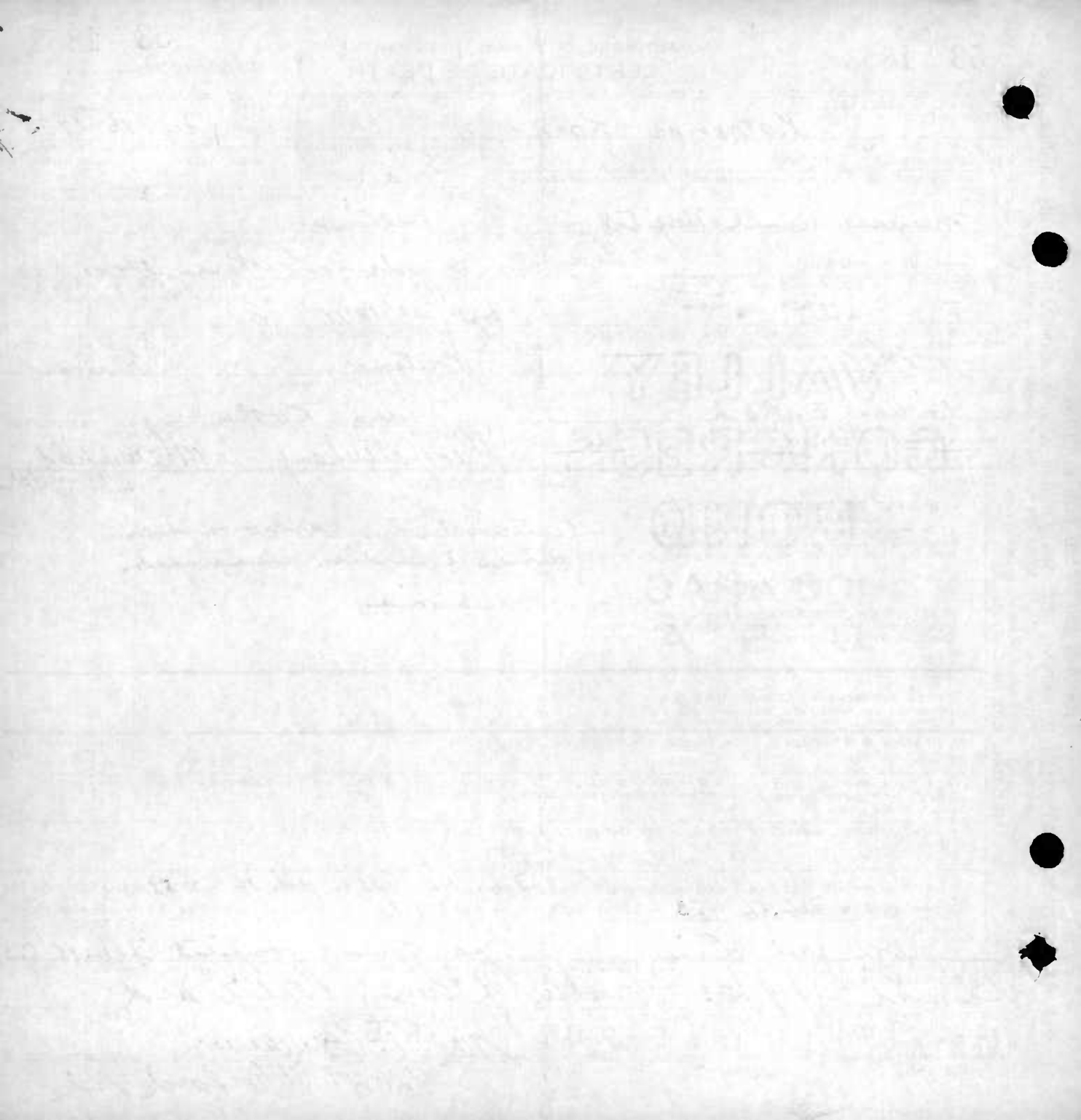
25. FUNERAL DIRECTOR

ADDRESS

FEB 18 1953

Huntington 9:53

Wm. H. Brown



B53 420
1854

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1854

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MRS. ANNA BILLAZZO

2. DATE
OF
DEATH

2/18/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

New Jersey V-27
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Hammonton

D. STREET ADDRESS (If rural, give location)

-

C. Length of stay in Baltimore

15

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 19, 1906

9. AGE (in years
last birthday)

46

10. Under 1 Year
Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

New Jersey

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles A. Unoseloe

14. MOTHER'S MAIDEN NAME

Josephine Moscarella

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

Anthony Belagys - family

18. 151X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Ca of Stomach

INTERVAL BETWEEN
ONSET AND DEATH

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Pneumonia

?

(C) DUE TO

Peritonitis

?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2/17/53

19B. MAJOR FINDINGS OF OPERATION

Ca of Stomach

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/3/53, 1953, to 2/18, 1953, that I last saw the deceased alive on 2/18, 1953, and that death occurred at 2:55 A.M., from the causes and on the date stated above.

23A. SIGNATURE

W. B. Rever Jr.

M. D.

23B. ADDRESS

Hammonton, N.J.

23C. DATE SIGNED

2/18/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston

25. FUNERAL DIRECTOR

Wm. J. Lickner & Sons

ADDRESS

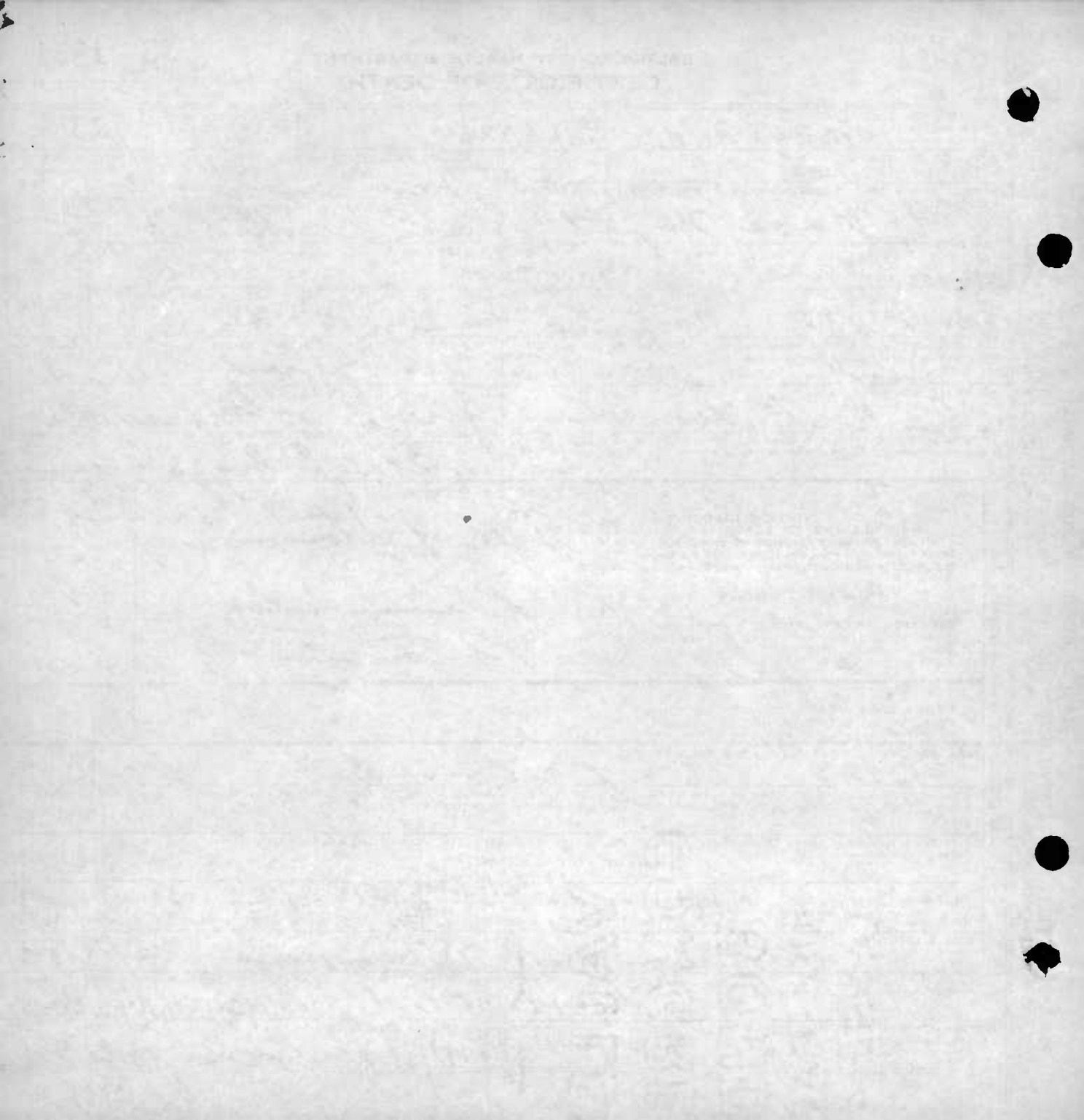
18 Bal.

FEB 18 1953

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 1855

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)James English2. DATE
OF
DEATH2-14-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)
A. STATE Md. B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONUniversity HospitalC. CITY OR TOWN (If outside corporate limits, write FULL and give
township)
Baltimore

D. STREET ADDRESS (If rural, give location)

3041 Southland Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

Colored7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Married

8. DATE OF BIRTH

1-10-19219. AGE (In years
last birthday)3210. Under 1 Year
Months; Days11. Under 24 Hours
Hours; Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Laborer10B. KIND OF BUSINESS OR
INDUSTRYChesapeake
Paper Board Co.

11. BIRTHPLACE (State or foreign country)

Bogdon S. C.12. CITIZEN OF
WHAT COUNTRY?U. S. A.

13. FATHER'S NAME

Salmon English

14. MOTHER'S MAIDEN NAME

Ida Bennett15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)yes World War #216. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mary English, 3041 Southland Ave18. E816.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Skull Fracture

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Fr. Rx Humerus

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)STREET.21C. WHERE DID
INJURY OCCUR?
Front of 1111 FRANKFURST Blvd.21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY 2/14/53 3:30 p.m.21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☒

21F. HOW DID INJURY OCCUR?

Passenger in auto which ran into
trailer22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above
and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

William Upchurch

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

2-15-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial

24B. DATE

2-20-1953

24C. NAME OF CEMETERY OR CREMATORY

Balto. National Cemetery

24D. LOCATION (City, town, or county) (State)

Balto. Md.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurman

25. FUNERAL DIRECTOR

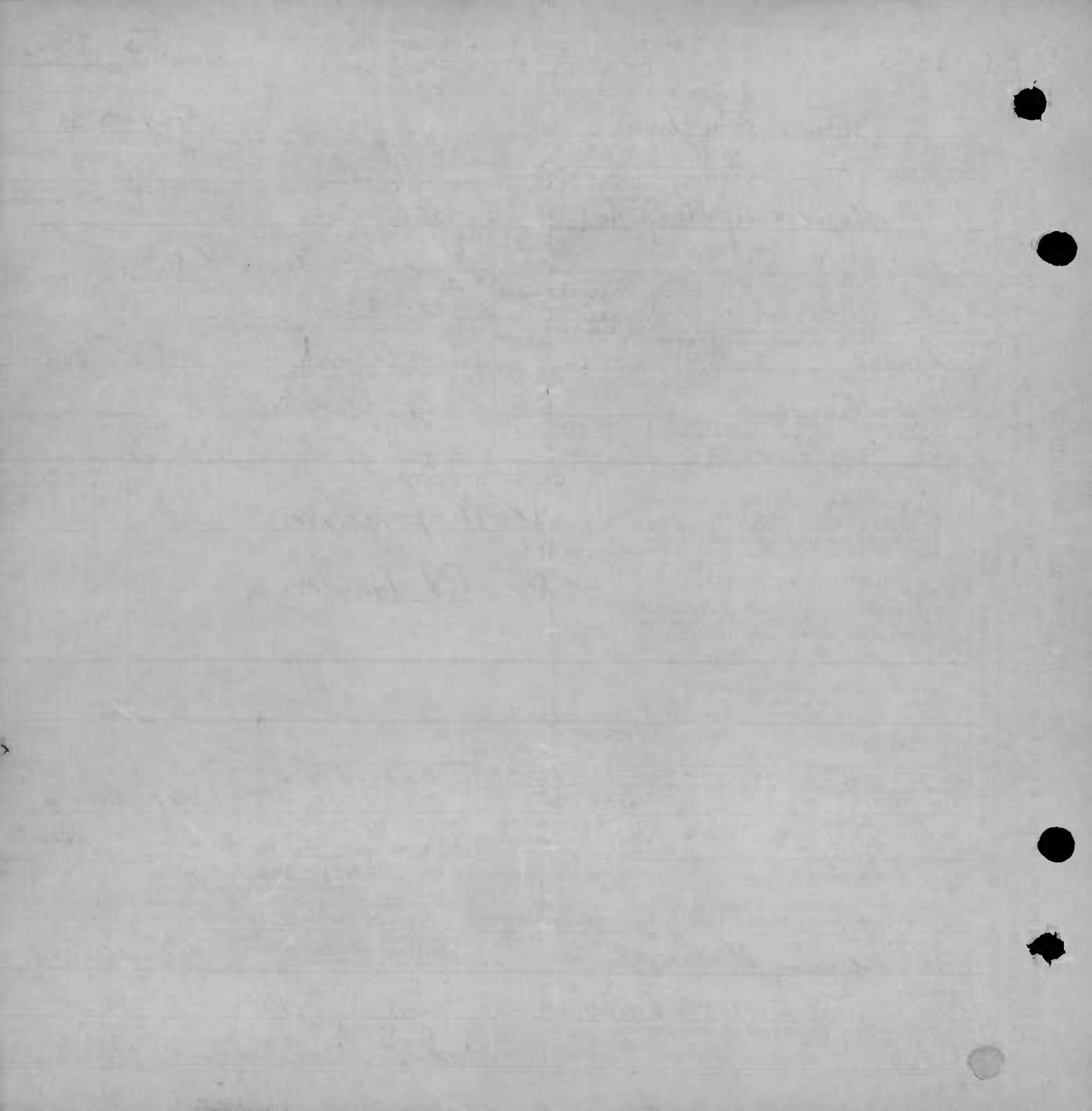
Rudolph J. Collick

ADDRESS

1412 E. Preston St.

VS 151

N-804.29704J✓



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Henry Mosley

2. DATE
OF
DEATH

2-14-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1830 Ashland Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1830 Ashland Ave.

C. Length of stay in Baltimore

50 yrs.

5. SEX

Male Colored

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1-8-1887

9. AGE (In years
last birthday)

66

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Cement Finisher

10B. KIND OF BUSINESS OR
INDUSTRY

Contractors

11. BIRTHPLACE (State or foreign country)

Drakes Branch Va.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Henry Mosley

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Susie Mosley 1830 Ashland Ave.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cerebral hemorrhage 22 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

hypertensive cardio-vascular disease 7 yrs

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/23/53 to 2/14/53, that I last saw the
deceased alive on 2/12/53 and that death occurred at 7:10 P.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS
1500 EAST MADISON ST.
BALTIMORE, MD.

23C. DATE SIGNED

2-17-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 18 1953

Burial 2-19-1953 Mt. Calvary Cemetery Anne Arundel Co. Md.
Huntington 5:30 P.M. Randolph J. Collick 1412 E. Preston St.

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Signature of witness	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery	
16. Signature of mortician		17. Signature of embalmer		18. Signature of transporter	
19. Signature of funeral home		20. Signature of funeral home		21. Signature of funeral home	
22. Signature of funeral home		23. Signature of funeral home		24. Signature of funeral home	
25. Signature of funeral home		26. Signature of funeral home		27. Signature of funeral home	
28. Signature of funeral home		29. Signature of funeral home		30. Signature of funeral home	
31. Signature of funeral home		32. Signature of funeral home		33. Signature of funeral home	
34. Signature of funeral home		35. Signature of funeral home		36. Signature of funeral home	
37. Signature of funeral home		38. Signature of funeral home		39. Signature of funeral home	
40. Signature of funeral home		41. Signature of funeral home		42. Signature of funeral home	
43. Signature of funeral home		44. Signature of funeral home		45. Signature of funeral home	
46. Signature of funeral home		47. Signature of funeral home		48. Signature of funeral home	
49. Signature of funeral home		50. Signature of funeral home		51. Signature of funeral home	
52. Signature of funeral home		53. Signature of funeral home		54. Signature of funeral home	
55. Signature of funeral home		56. Signature of funeral home		57. Signature of funeral home	
58. Signature of funeral home		59. Signature of funeral home		60. Signature of funeral home	
61. Signature of funeral home		62. Signature of funeral home		63. Signature of funeral home	
64. Signature of funeral home		65. Signature of funeral home		66. Signature of funeral home	
67. Signature of funeral home		68. Signature of funeral home		69. Signature of funeral home	
70. Signature of funeral home		71. Signature of funeral home		72. Signature of funeral home	
73. Signature of funeral home		74. Signature of funeral home		75. Signature of funeral home	
76. Signature of funeral home		77. Signature of funeral home		78. Signature of funeral home	
79. Signature of funeral home		80. Signature of funeral home		81. Signature of funeral home	
82. Signature of funeral home		83. Signature of funeral home		84. Signature of funeral home	
85. Signature of funeral home		86. Signature of funeral home		87. Signature of funeral home	
88. Signature of funeral home		89. Signature of funeral home		90. Signature of funeral home	
91. Signature of funeral home		92. Signature of funeral home		93. Signature of funeral home	
94. Signature of funeral home		95. Signature of funeral home		96. Signature of funeral home	
97. Signature of funeral home		98. Signature of funeral home		99. Signature of funeral home	
100. Signature of funeral home		101. Signature of funeral home		102. Signature of funeral home	

FOR RECORD
JAN 10 1918

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1857

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, to 2/10/53, 19, that I last saw the deceased alive on 2/17/53, 19, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 1858

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GUSTAVE C. WEINEL

2. DATE
OF
DEATH

Feb. 16, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

3825 Yolando Road

C. CITY OR TOWN (If outside corporate limits, write R. R. and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3825 Yolando Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

July 14, 1905

9. AGE (In years
last birthday)

47

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk, B. & O.

10B. KIND OF BUSINESS OR
INDUSTRY

R. R.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Gottlieb Weinell

14. MOTHER'S MAIDEN NAME

Henrietta Hagen

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Thelma A. Weinell, 3825 Yolando

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 15, 1953, to Feb. 16, 1953, that I last saw the
deceased alive on Feb. 16, 1953, and that death occurred at 10:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Lloyd E. Saylor

M. D.

23B. ADDRESS

3902 Greenmountain

23C. DATE SIGNED

Feb. 17, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/ /53

24C. NAME OF CEMETERY OR CREMATORY

Oaklawn Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 18 1953

L. Ruck, 5305 Harford Road

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1902

Dr. Saylor
3902 Greenmount Ave.

630

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1859

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Henry Fey

2. DATE
OF
DEATH

Feb 17, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Lutheran Hospital

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

2-15-1898

9. AGE (In years
last birthday)

60

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Watchman

10B. KIND OF BUSINESS OR
INDUSTRY

Dept of Public Works

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MRS. ANNA ENRIKIN RIVERA BODIN

18. 518X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Ruptured Myocardial Infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hemopericardium

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Broncho pleural Fistula

19A. DATE OF OPERATION

1-21-53

19B. MAJOR FINDINGS OF OPERATION

Pneumonia Chronic Organizing

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-17, 1952 to 2-12-53, 1953, that I last saw the
deceased alive on 2-12, 1953 and that death occurred at 1:50 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Donald L. Daly

M. D.

23B. ADDRESS

Lutheran Hospital

23C. DATE SIGNED

2-17-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb 21, 1953

24C. NAME OF CEMETERY OR CREMATORY

Morrow Ridge Mem Pk

24D. LOCATION (City, town, or county)

Dorsey, Mo.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 18 1953

REGISTRAR'S SIGNATURE

Thurston S. Davis

25. FUNERAL DIRECTOR

Geo J. S. G. 4601 Ritchie Hwy

VS 150

763 93

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

150

150

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of coroner	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery		16. Signature of burial place	
17. Signature of burial place		18. Signature of burial place		19. Signature of burial place		20. Signature of burial place	
21. Signature of burial place		22. Signature of burial place		23. Signature of burial place		24. Signature of burial place	
25. Signature of burial place		26. Signature of burial place		27. Signature of burial place		28. Signature of burial place	
29. Signature of burial place		30. Signature of burial place		31. Signature of burial place		32. Signature of burial place	
33. Signature of burial place		34. Signature of burial place		35. Signature of burial place		36. Signature of burial place	
37. Signature of burial place		38. Signature of burial place		39. Signature of burial place		40. Signature of burial place	
41. Signature of burial place		42. Signature of burial place		43. Signature of burial place		44. Signature of burial place	
45. Signature of burial place		46. Signature of burial place		47. Signature of burial place		48. Signature of burial place	
49. Signature of burial place		50. Signature of burial place		51. Signature of burial place		52. Signature of burial place	
53. Signature of burial place		54. Signature of burial place		55. Signature of burial place		56. Signature of burial place	
57. Signature of burial place		58. Signature of burial place		59. Signature of burial place		60. Signature of burial place	
61. Signature of burial place		62. Signature of burial place		63. Signature of burial place		64. Signature of burial place	
65. Signature of burial place		66. Signature of burial place		67. Signature of burial place		68. Signature of burial place	
69. Signature of burial place		70. Signature of burial place		71. Signature of burial place		72. Signature of burial place	
73. Signature of burial place		74. Signature of burial place		75. Signature of burial place		76. Signature of burial place	
77. Signature of burial place		78. Signature of burial place		79. Signature of burial place		80. Signature of burial place	
81. Signature of burial place		82. Signature of burial place		83. Signature of burial place		84. Signature of burial place	
85. Signature of burial place		86. Signature of burial place		87. Signature of burial place		88. Signature of burial place	
89. Signature of burial place		90. Signature of burial place		91. Signature of burial place		92. Signature of burial place	
93. Signature of burial place		94. Signature of burial place		95. Signature of burial place		96. Signature of burial place	
97. Signature of burial place		98. Signature of burial place		99. Signature of burial place		100. Signature of burial place	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 1860

BIRTH NO. 362

1. NAME OF DECEASED
(Type or Print) LOTTIE S. HEDRICK

2. DATE OF DEATH Feb. 17, 53

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE Maryland B. COUNTY 12-03

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, give RURAL and give township)
Baltimore

c. Length of stay in Baltimore Life

D. STREET ADDRESS (If rural, give location)
304 Whitridge Ave.

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH April 11, 1879

9. AGE (In years last birthday) 73
If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
none

10B. KIND OF BUSINESS OR INDUSTRY
-

11. BIRTHPLACE (State or foreign country)
Maryland

12. CITIZEN OF WHAT COUNTRY?
U. S. A.

13. FATHER'S NAME
Edward Mitchell

14. MOTHER'S MAIDEN NAME
Sarah Hann

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) not

16. SOCIAL SECURITY NO. husband

17. INFORMANT ADDRESS

18. 420.0 and E904.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Infarction
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) arteriosclerosis
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) Diabetes mellitus

CERTIFICATION APPROVED BY

William H. Ford M. D.
CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION Jan. 23, 53

19B. MAJOR FINDINGS OF OPERATION
fracture of femoral neck (left; old)

20. AUTOPSY?
YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
accident

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
at home (see above)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
mid. 1952

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?
pat. had dizzy spell at home

22. I hereby certify that I attended the deceased from Jan. 14, 1953, to Feb. 17, 1953 that I last saw the deceased alive on Feb. 17, 1953, and that death occurred at 8:30 m., from the causes and on the date stated above.

23A. SIGNATURE
Harvey A. Green

M. D.

23B. ADDRESS
Union Memorial Hospital

23C. DATE SIGNED
Feb. 17, 53

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
Feb. 20-53

24C. NAME OF CEMETERY OR CREMATORY
St Mary (Hammond)

24D. LOCATION (City, town, or county) (State)
Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR
FEB 18 1953

REGISTRAR'S SIGNATURE
Huntington

25. FUNERAL DIRECTOR
Frank J. Seely

ADDRESS
814 2436 St

10-1-12

RECEIVED 10-1-12

10-1-12

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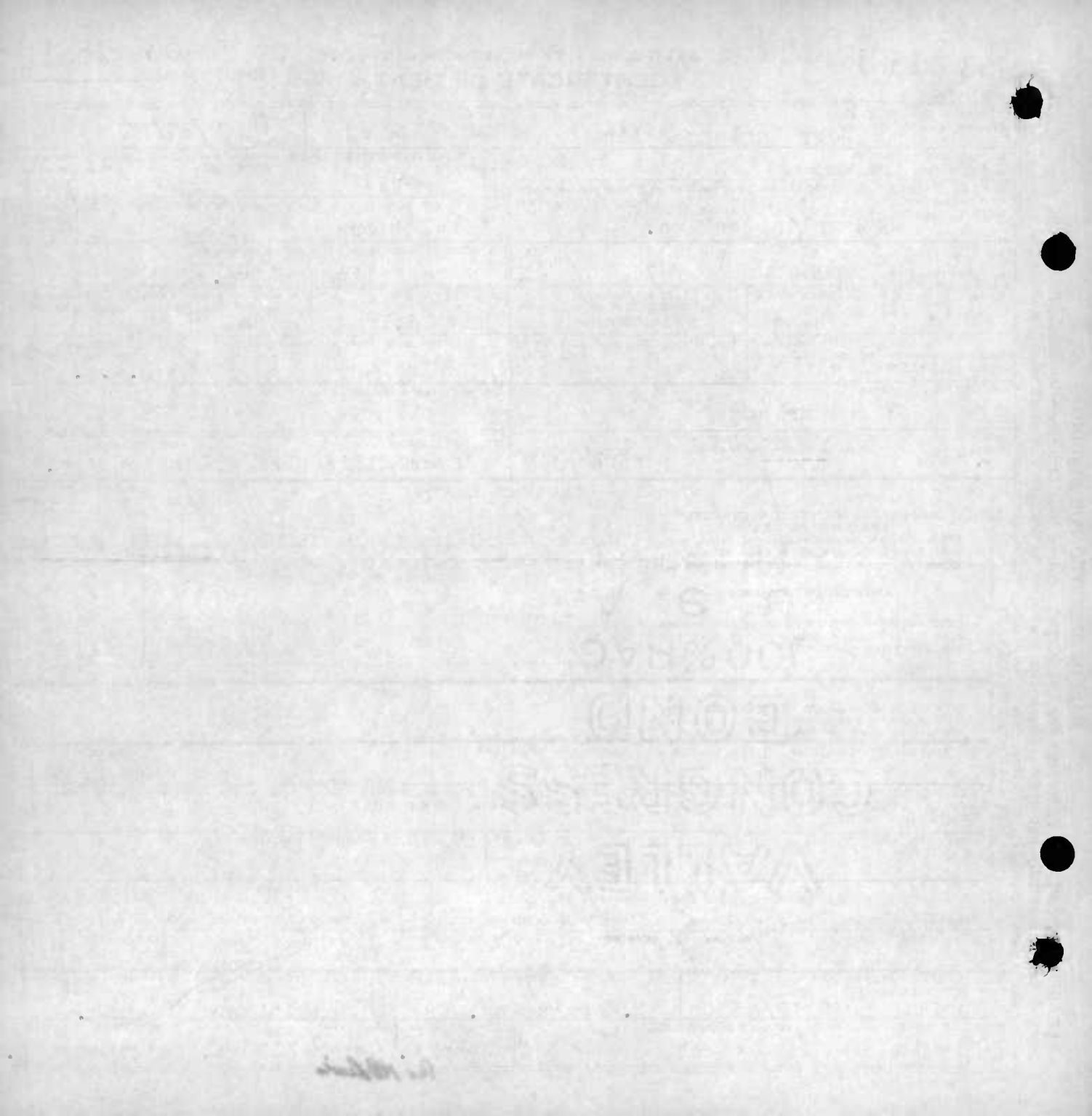
E 420
53 1861BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1861

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Mary Furlong Ellis		2. DATE OF DEATH 2/17/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION 522 Arlington Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore ??		D. STREET ADDRESS (If rural, give location) 522 Arlington Ave.			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 23, 1869	9. AGE (In years, last birthday) 83	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Own		11. BIRTHPLACE (State or foreign country) Ireland	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME ? Furlong		14. MOTHER'S MAIDEN NAME ? ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT James Ellis	
ADDRESS 522 Arlington Ave.					

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerosis Cordis Vasculature DUE TO Intermittent hemorrhage menstrua DUE TO DUE TO	INTERVAL BETWEEN ONSET AND DEATH 10 days 2 days 1 day
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 1950 , to Feb 17 , 19 53 , that I last saw the deceased alive on Feb 17 , 19 53 , and that death occurred at 5:44 m., from the causes and on the date stated above.		
23A. SIGNATURE David A. Coleman	23B. ADDRESS 2835 W. 11th St. Baltimore	23C. DATE SIGNED 2/17/53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/19/53	24C. NAME OF CEMETERY OR CREMATORY St. Mary's Com.
24D. LOCATION (City, town, or county) (State) Baltimore Md.	25. FUNERAL DIRECTOR John A. Moran	
26. ADDRESS 3000 E. Baltimore St.		



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1862

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Delia Mitchell</i>		2. DATE OF DEATH <i>18 Feb 1953</i> <i>6-a.m.</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1200 Valley St</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>0-01</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Little Sisters of the Poor</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore <i>6 months</i>		D. STREET ADDRESS (If rural, give location) <i>1200 Valley</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>March 1889</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>63</i>	11. BIRTHPLACE (State or foreign country) <i>Ireland</i>
13. FATHER'S NAME <i>Michael J. Gannon</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Little Sisters of the Poor</i>		ADDRESS	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO <i>Chronic Myocarditis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 yr</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO <i>Arterio Sclerosis</i>		<i>5 yrs</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Feb 2</i> , 1953, to <i>Feb 18</i> , 1953, that I last saw the deceased alive on <i>Feb 17</i> , 1953, and that death occurred at <i>6 A</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>E. Gill Hall</i>		23B. ADDRESS <i>1631 E North Ave</i>	23C. DATE SIGNED <i>Feb 18-53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Feb 20</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St Peters</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 18 1953</i>	REGISTRAR'S SIGNATURE <i>Henry B. ...</i>	25. FUNERAL DIRECTOR, ADDRESS <i>1816 Woodfield Road E. Beddell</i>	

CERTIFICATE OF DEATH

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

TIME OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

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CAUSE OF BIRTH

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

TIME OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

K-600
MAR / 151985BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1863
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph Brodford Kerr

2. DATE
OF DEATH Feb. 14, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals
4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Balto. City Hospital, 4940 Eastern Ave.

c. Length of stay in Baltimore

84 yrs.

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

Jan. 31, 1868

9. AGE (In years last birthday)

84

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Thomas M. Kerr (dec.)

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Records: Baltimore City Hospitals
4940 Eastern Ave.

18. 154X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Rectum & Metastasis

DUE TO

1 yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Generalized Arteriosclerosis

19A. DATE OF OPERATION

9-26-51

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Rectum

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 9-6 1951, to 2-14 1953, that I last saw the deceased alive on 2-14 1953, and that death occurred at 8:15p m., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Shumaker - M. D.

23B. ADDRESS

4940 Eastern Ave. Balto; Md.

23C. DATE SIGNED

2-14-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Feb 20 - 1953

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county) (State)

Woodlawn Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Baltimore

ADDRESS

17 1 1962

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CENTRAL INTELLIGENCE AGENCY

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645
53 1864BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1864

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CARLIN, MARY A.

2. DATE
OF
DEATH

2/18/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE B. COUNTY before admission)

Baltimore Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4918 Palmer av

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

3/8/1896

9. AGE (In years
last birthday)

56

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HW

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Baltimore, MD.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Chas Connelly

14. MOTHER'S MAIDEN NAME

Elizabeth Gore

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Maurice W. Barber 3812 Elm Ave

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Congestive Heart failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)Arteriosclerotic C. v. disease.
Broncho pneumonia.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/17, 1953, to 2/18/1953, that I last saw the
deceased alive on 2/18/1953, and that death occurred at 7:55 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. J. Schimmel

M. D.

23B. ADDRESS

Franklin Square Hospital

23C. DATE SIGNED

2-18-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/21/53

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park

24D. LOCATION (City, town, or county)

Windsor Hill Rd

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

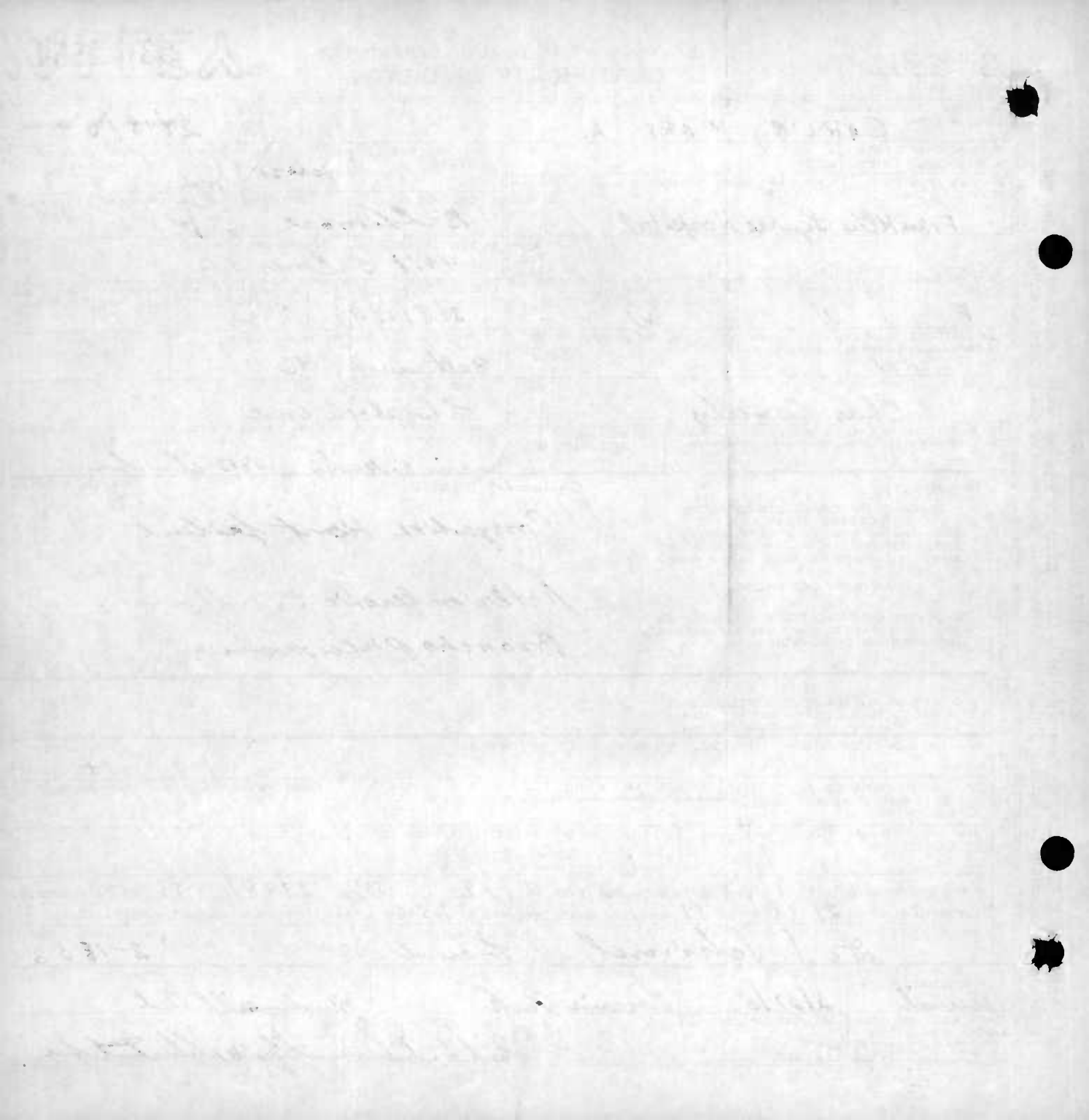
REGISTRAR'S SIGNATURE

Huntington 1953, 3/5/53

25. FUNERAL DIRECTOR

ADDRESS

Paul C. Schenck 3812 Elm Ave.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1865

BIRTH NO. 53 1865

1. NAME OF DECEASED
(Type or Print)

Lola May Trigger

2. DATE
OF
DEATH

Feb. 16, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

4 E. York St.

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

4 E. York St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

6/4/1900

9. AGE (In years;
last birthday)

52

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William H. Harris

14. MOTHER'S MAIDEN NAME

Virginia Tabor

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS Ave.

Mrs. Ethel Davis 4934 Pennington

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 2, 1952, to Feb 16, 1953, that I last saw the
deceased alive on Feb 16, 1953, and that death occurred at 9:00 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

2/19/53

Holy Cross Cem.

Ritchie Highway

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

John F. Denny, Inc. 715 Light St.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1866

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ISRAEL ROdBELL

2. DATE
OF
DEATH

2-18-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2312 SOUTH ROAD

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

2536 LOYOLA Southway

c. Length of stay in Baltimore

55

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

9. AGE (In years
last birthday)

73

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

RETIRED

10B. KIND OF BUSINESS OR
INDUSTRY

REAL ESTATE

11. BIRTHPLACE (State or foreign country)

RUSSIA

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

NOT KNOWN

14. MOTHER'S MAIDEN NAME

LEBA ZELDA

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MRS. SALGONIK - 2312 SOUTH RD

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary occlusion

2 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Arterio Sclerosis

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 8 1953 to Feb 18 1953 that I last saw the
deceased alive on Feb 18 1953, and that death occurred at 7:45 am., from the causes and on the date stated above.

23A. SIGNATURE

Benjamin Kadus

23B. ADDRESS

2306 Eutam Pl

23C. DATE SIGNED

Feb 18 - 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2/19-1953

24C. NAME OF CEMETERY OR CREMATORY

ROSEDALE

24D. LOCATION (City, town, or county)

BALTO.

(State)

MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 19 1953

Funeral Home - 2100 Eutam Pl

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of birth		6. Usual residence		7. Cause of death		8. Manner of death	
9. Occupation		10. Education		11. Marital status		12. Date of marriage	
13. Name of physician		14. Name of funeral director		15. Name of informant		16. Signature of informant	
17. Name of registrar		18. Name of health officer		19. Name of coroner		20. Name of jury	
21. Name of jury		22. Name of jury		23. Name of jury		24. Name of jury	
25. Name of jury		26. Name of jury		27. Name of jury		28. Name of jury	
29. Name of jury		30. Name of jury		31. Name of jury		32. Name of jury	
33. Name of jury		34. Name of jury		35. Name of jury		36. Name of jury	
37. Name of jury		38. Name of jury		39. Name of jury		40. Name of jury	
41. Name of jury		42. Name of jury		43. Name of jury		44. Name of jury	
45. Name of jury		46. Name of jury		47. Name of jury		48. Name of jury	
49. Name of jury		50. Name of jury		51. Name of jury		52. Name of jury	
53. Name of jury		54. Name of jury		55. Name of jury		56. Name of jury	
57. Name of jury		58. Name of jury		59. Name of jury		60. Name of jury	
61. Name of jury		62. Name of jury		63. Name of jury		64. Name of jury	
65. Name of jury		66. Name of jury		67. Name of jury		68. Name of jury	
69. Name of jury		70. Name of jury		71. Name of jury		72. Name of jury	
73. Name of jury		74. Name of jury		75. Name of jury		76. Name of jury	
77. Name of jury		78. Name of jury		79. Name of jury		80. Name of jury	
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85. Name of jury		86. Name of jury		87. Name of jury		88. Name of jury	
89. Name of jury		90. Name of jury		91. Name of jury		92. Name of jury	
93. Name of jury		94. Name of jury		95. Name of jury		96. Name of jury	
97. Name of jury		98. Name of jury		99. Name of jury		100. Name of jury	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 1867

BIRTH NO. 100

1. NAME OF DECEASED
(Type or Print) MARY HEAVEY

2. DATE OF DEATH 2-18-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE md B. COUNTY 28-31

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION 5412 Reisterstown Rd

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

c. Length of stay in Baltimore 60 Yrs. 60 Mos. 60 Days

D. STREET ADDRESS (If rural, give location)
5412 Reisterstown Road

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH 6-4

9. AGE (in years last birthday) 64

10. Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTH PLACE (State or foreign country)
Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Solomon Shuler

14. MOTHER'S MAIDEN NAME Fannie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Kleine Heavey - Daughter ADDRESS

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from early 1952, to Feb 18, 1953, that I last saw the deceased alive on Feb 17, 1953, and that death occurred at 3:00 m., from the causes and on the date stated above.

23A. SIGNATURE Julius C. Blunk

23B. ADDRESS 5356 Reisterstown Rd

23C. DATE SIGNED 2/18/53

24A. BURIAL, CREMATION, REMOVAL (Specify)
burial

24B. DATE 2-19-53

24C. NAME OF CEMETERY OR CREMATORY Mt Carmel

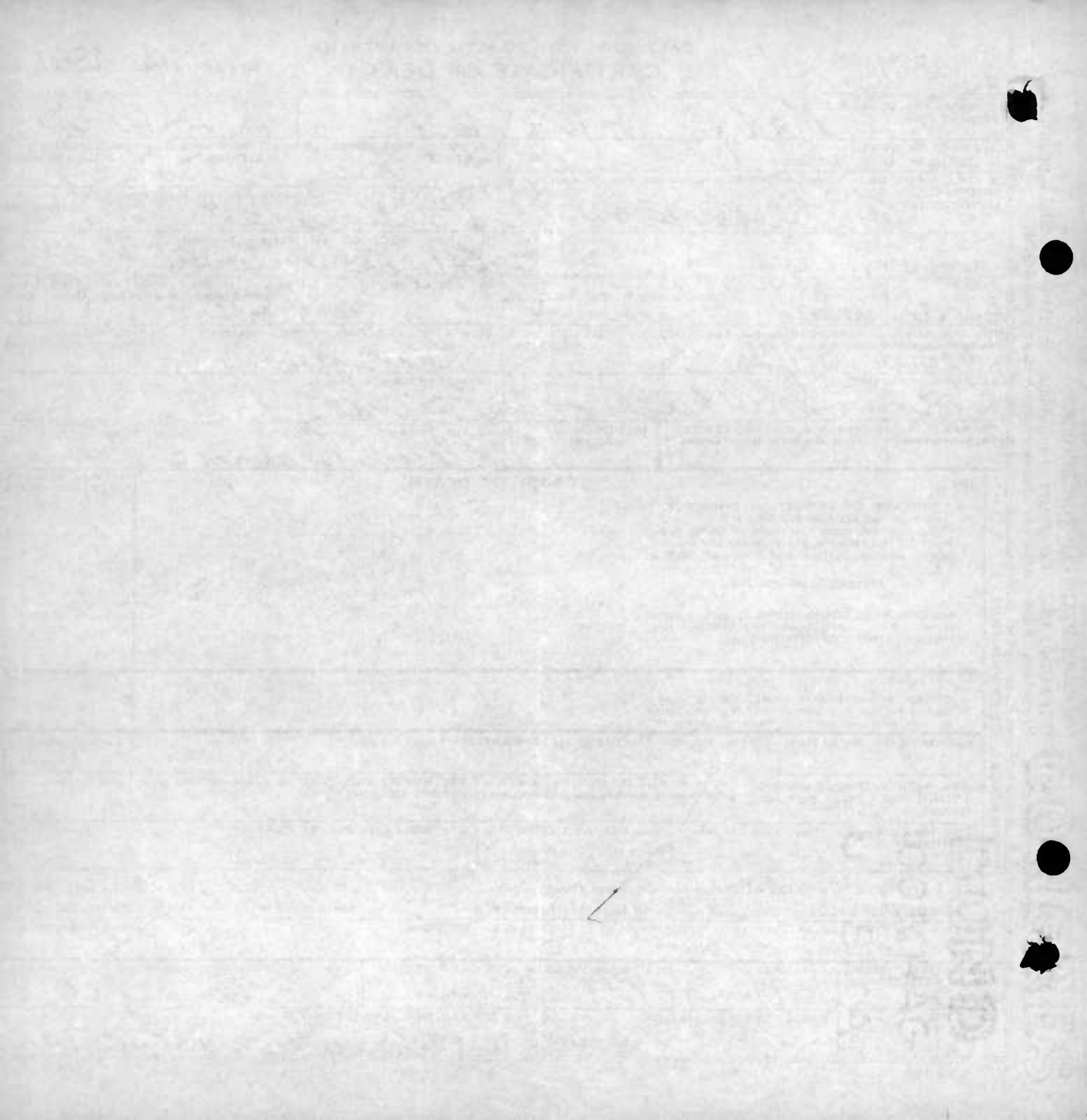
24D. LOCATION (City, town, or county) (State)
Balto md

DATE RECEIVED BY LOCAL REGISTRAR FEB 19 1953

REGISTRAR'S SIGNATURE Huntington

25. FUNERAL DIRECTOR Jack Levine

ADDRESS 2100 Eutan Pl



BIRTH NO.

CERTIFICATE OF DEATH

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 756.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. s., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-30, 1953, to 2-18, 1953, that I last saw the
deceased alive on 2-18, 1953, and that death occurred at 5 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 1869

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Mr. Herman Ellrich2. DATE
OF
DEATH2/18/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital, Balto, Md

C. CITY OR TOWN (If outside corporate limits, give RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4009 Fleetwood Avenue

C. Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

Nov 25-1868

9. AGE (in years

last birthday)

94

H Under 1 Year

Months: Days

K Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Balto City Employee

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Ernest Ellrich

14. MOTHER'S MAIDEN NAME

Catherine ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mame Harrison - Daughter - Same

18.

493X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Pneumonia

DUE TO

ANTECEDENT CAUSES

(B)

Heart Failure

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

2/19/53 -2/18/532/16/53 -2/15/53II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from 2-7, 1953, to 2-18, 1953, that I last saw the deceased alive on 2-18, 1953, and that death occurred at 5A m., from the causes and on the date stated above.

23A. SIGNATURE

Charles C. Ireland

M. D.

23B. ADDRESS

Thurgood Marshall

23C. DATE SIGNED

2-18-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burial2/21/53Parkwood CemBalto MdFEB 19 1953Thurgood MarshallLassahn Funeral Home 7401 Belair Rd

0-1-20

RECEIVED THE UNITED STATES
DEPARTMENT OF HEALTH

4/2

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53, 1870

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bernice Atkinson

2. DATE
OF
DEATH

Feb. 16-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Md B. COUNTY before admission)B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 8-06D. STREET ADDRESS (If rural, give location)
1616 E. Federal St

C. Length of stay in Baltimore 14 Yrs.

Yrs.
Mos.
Days

E. SEX

Female

F. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

2-14-04

9. AGE (In years,
last birthday)

48

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Burrall Ross

14. MOTHER'S MAIDEN NAME

Amanda Ross

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CEREBRAL HEMORRHAGE

DUE TO

1 DAY

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) HYPERTENSIVE CARDIOVASCULAR
DISEASE

DUE TO

?

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-15, 1953, to 2-16, 1953, that I last saw the
deceased alive on 2-16, 1953, and that death occurred at 12 noon, from the causes and on the date stated above.

23A. SIGNATURE

G. H. Owens Jr.

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/20/1953

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams Jr.

25. FUNERAL DIRECTOR

Elyso. Wilson Mrs Beatty

ADDRESS

R-263
53 1871BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1871

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Richardson

2. DATE
OF
DEATH

Feb.-16-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

928 Bennett Place

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

928 Bennett Place

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April-11-

9. AGE (In years

last birthday)

62

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Painter

10B. KIND OF BUSINESS OR INDUSTRY

Painting

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Louis Richardson

14. MOTHER'S MAIDEN NAME

Rosie Richardson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Rosie Collins 928 Bennett Place

18. 150X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Coronary artery disease*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Myocardial infarction*

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Jan 15, 1953* to *Feb 16, 1953*, that I last saw the deceased alive on *Jan 19, 1953* and that death occurred at *7 A.m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 19 1953

Huntington R. Smith, M.D.

Chicago Wilson 1000 Brantley

CAUSE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 1872**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**PATSY JACKSON**2. DATE
OF
DEATH**2-15-53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

FRANKLIN SQUARE HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write full name and give township)

BALTO.

D. STREET ADDRESS (If rural, give location)

108 N Carrolltonc. Length of stay in Baltimore **unknown**

5. SEX

F

6. COLOR OR RACE

B7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Widowed**

8. DATE OF BIRTH

9. AGE (In years
last birthday)**62**If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**HSW F**10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

unknown12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**no**16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hosp. CHART18. **331X and 260X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) **Cerebral Hemorrhage**

DUE TO

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.**Diabetes Acidosis****2 days**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2-14**, 19**53**, to **2-15**, 19**53**, that I last saw the
deceased alive on **2-15**, 19**53**, and that death occurred at **m.**, from the causes and on the date stated above.

23A. SIGNATURE

W. H. Hinder

23B. ADDRESS

M. D.

Franklin Square Hosp

23C. DATE SIGNED

2-15-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

2/19/53

24C. NAME OF CEMETERY OR CREMATORY

mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn mt

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

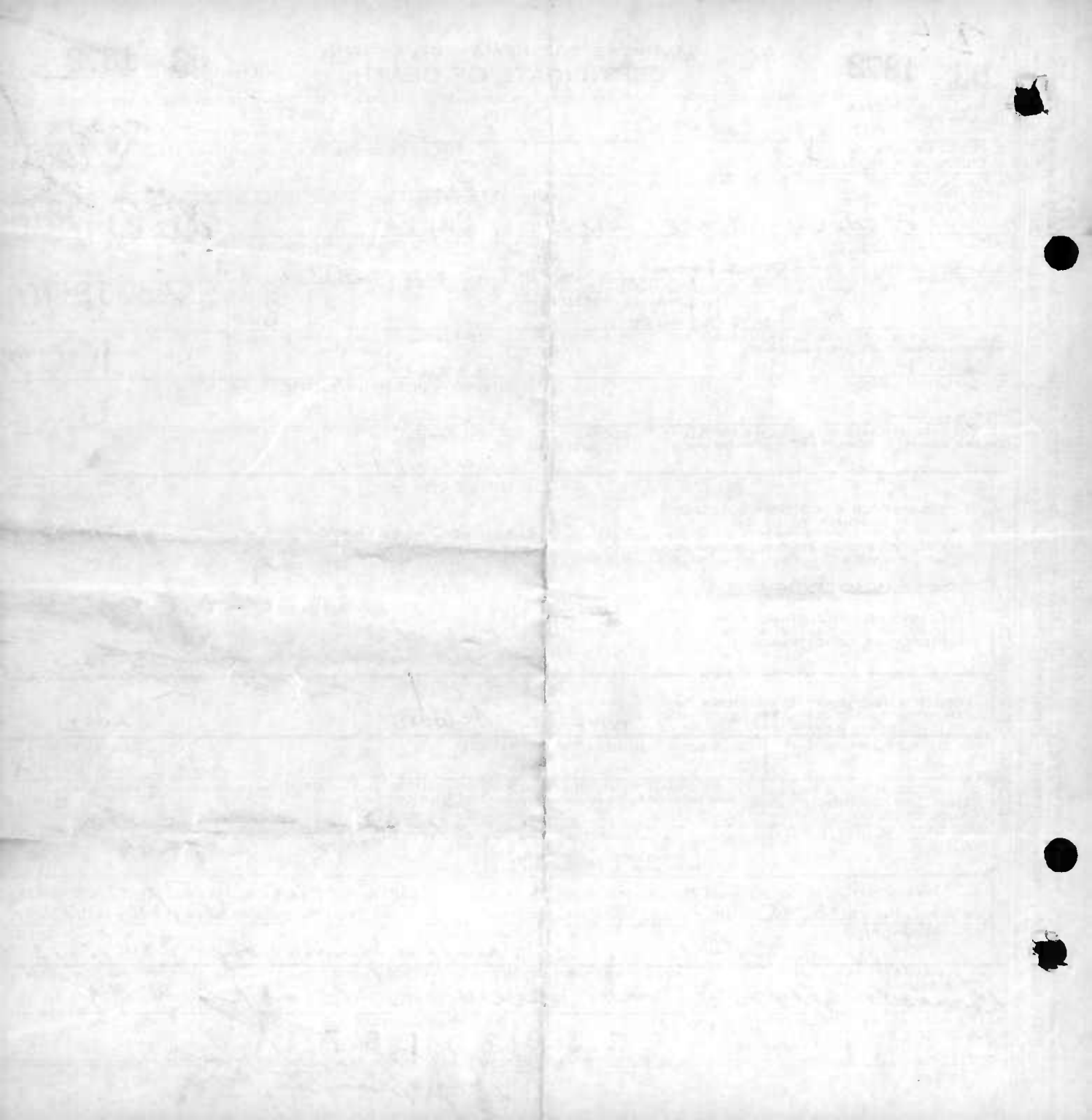
REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

ADDRESS

Elmer J Wilson**1100 Brantly Ave**



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

416
A-53 1873

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 1873
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANDREW A. ALBERT

2. DATE
OF
DEATH

FEB. 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3211 Wisteria Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3211 Wisteria Avenue

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

June 29, 1870

9. AGE (in years last birthday)

82

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Fireman

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
220-05-0421

17. INFORMANT

ADDRESS

Mrs. Eva Albert, 3211 Wisteria Ave

18. 42211

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Arteriosclerotic Cardio-Vascular Disease

3 years

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, 19, to Feb., 1953, that I last saw the deceased alive on Feb. 18, 1953, and that death occurred at 6:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Loy M. Zimmerman M. D.

23B. ADDRESS

2858 Harford Rd

23C. DATE SIGNED

Feb 19, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/21/53

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck 5305 Harford Road.

Dr. Zimmerman
2858 Harford Road

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1874
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALEXANDER F. ROMOSER, JR.

2. DATE
OF
DEATH

FEB. 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland MERCY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR
INSTITUTION

MERCY HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, give RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

GREENMOUNT + 25th ST. SOUTHERN MD

c. Length of stay in Baltimore LIFE

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

DIV.

8. DATE OF BIRTH

MAY 21, 1876

9. AGE (in years
last birthday)

76

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Letter Carrier - City

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

ALEXANDER F. ROMOSER, SR.

14. MOTHER'S MAIDEN NAME

MARY ELIZABETH CAUSEY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS 3109

Mr. George H. Romoser - Pinewood

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

SEPTIC PNEUMONIA. HYPERTENSIVE
CARDIO-VASCULAR DISEASE; CEREBRAL HEM.2 days.
20 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

ACUTE RESPIRATORY FAILURE

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT

NOT WHILE

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 9, 1953, to Feb. 18, 1953, that I last saw the
deceased alive on Feb. 18, 1953 and that death occurred at 8:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Rubina L. Palmer

M. D.

23B. ADDRESS

Green Hospital

23C. DATE SIGNED

2/18/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-21-53

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Baltimore

(State)

MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

(25. FUNERAL DIRECTOR)

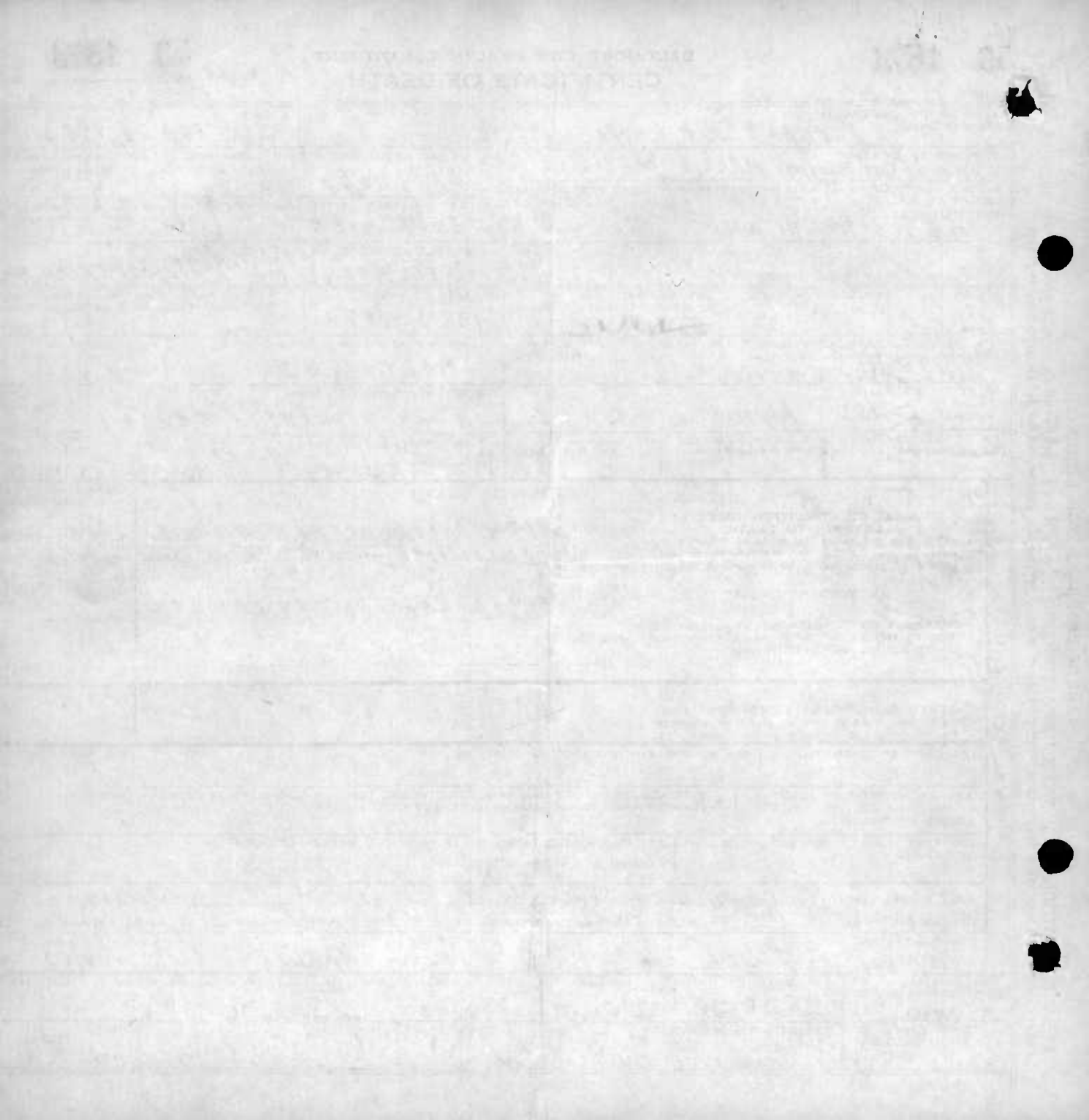
ADDRESS

FEB 19 1953

Huntington Ave. 3rd

Dr. J. K. Ruck

5305 Harford Rd



W-230
53 1875BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1875
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

West, Theresa Constance

2. DATE
OF
DEATH February 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

St. Joseph's

Yrs.

Mos.

Days

c. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3203 Ramona Avenue

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.

F.

W.

Married

July 28-1898

54

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Hwfe.

Own home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

WM

West

14. MOTHER'S MAIDEN NAME

Barbara OSTROWSKI

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS 3203
MR. ALBERT S. WEST - RAMONA

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral Vascular Hemorrhage
right hemisphere
myeloma C.V. Disease

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Inter auricular Septal Defect.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February 8, 1953 to February 18 1953, that I last saw the
deceased alive on Feb. 18, 19 53. and that death occurred at 6:00p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1400 N. Caroline St.

Feb. 18, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

2/23/53

Holy Redeemer

BALTO

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 19 1953

Huntington

J. Buck

5305 Harford Rd

VS 150

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1972

23

RECEIVED

1972

1972



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 1876**BIRTH NO. **53 1876 22-30934**1. NAME OF DECEASED
(Type or Print)*Leslie Lee Morris*2. DATE
OF
DEATH*1-4-53*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Providence Hospital

C. CITY OR TOWN

BaHo.

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1718 McKean Ave.

C. Length of stay in Baltimore

*18*Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

*Negro*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

*12/24/52*9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.*11*10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*BaHo Md.*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Morris

14. MOTHER'S MAIDEN NAME

*Cina Hughes*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mother

ADDRESS

*See above*18. *762.5*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

*prematurity
atelectasis*

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN
ONSET AND DEATH*11 days*II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *12/24*, 19*52*, to *1-4*, 19*53*, that I last saw the
deceased alive on *1-4*, 19*53*, and that death occurred at *12N* m., from the causes and on the date stated above.

23A. SIGNATURE

C. H. Huntington

23B. ADDRESS

Providence Hospital

23C. DATE SIGNED

*1-7-53*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

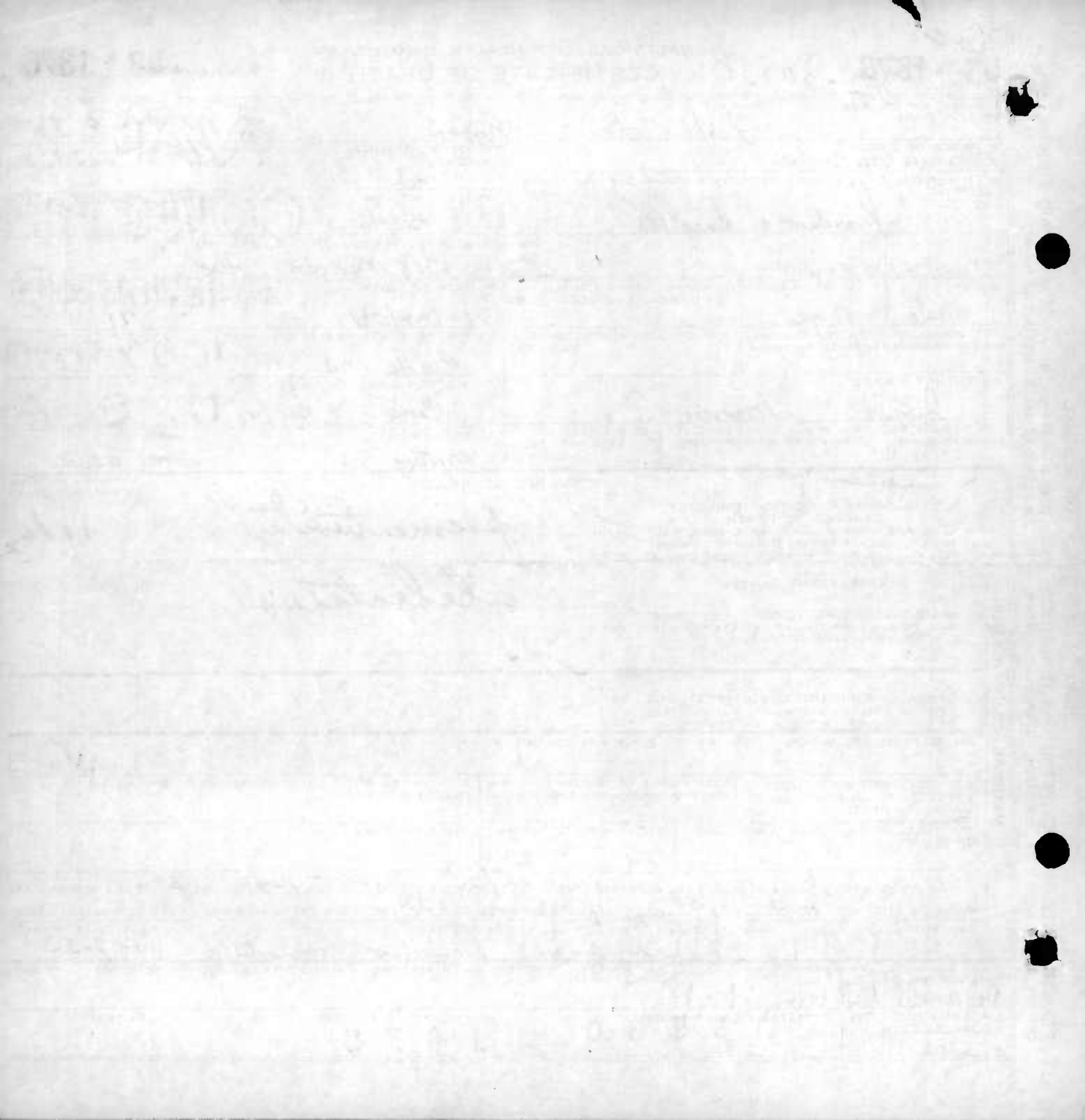
*Disposed by hospital*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*FEB 19 1953**Huntington**1875*



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 1877

BIRTH NO. 53-02703

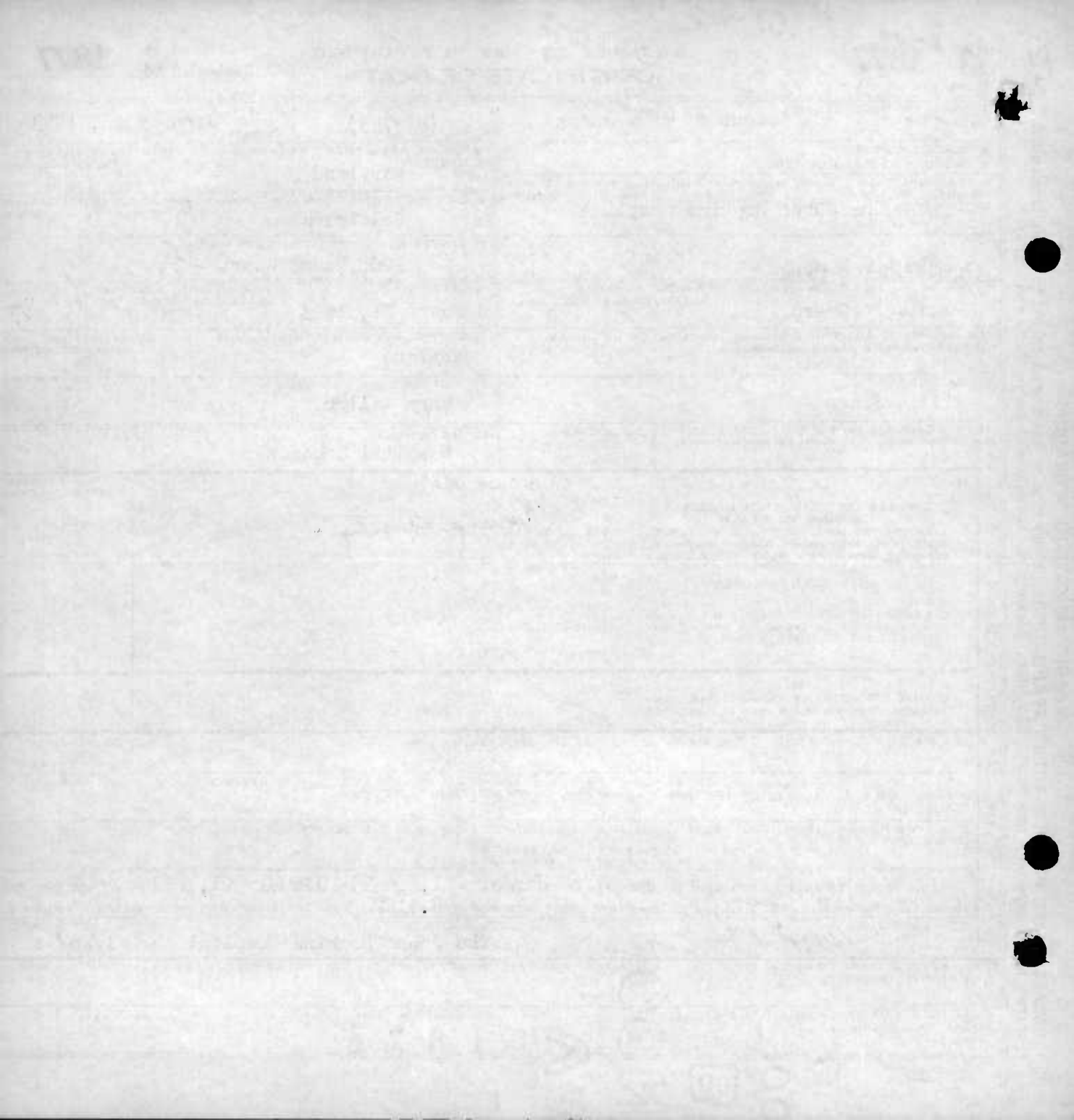
1. NAME OF DECEASED (Type or Print) Infant of Mary Jones			2. DATE OF DEATH January 21, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 5-01	
B. FULL NAME OF (If not in hospital or institution, give street address or location) The Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Infant			D. STREET ADDRESS (If rural, give location) 1208 Young Court - 2	
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) -	8. DATE OF BIRTH January 21, 1953	9. AGE (in years last birthday) 3 Months 23 Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Willie Jones			12. CITIZEN OF WHAT COUNTRY? -	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			14. MOTHER'S MAIDEN NAME Mary Waller	
16. SOCIAL SECURITY NO.			17. INFORMANT Hospital Records	
			ADDRESS	

1B. 776x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Prematurity (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from January 21, 1953 to January 21, 1953 that I last saw the deceased alive on January 21, 1953 and that death occurred at 8.11 P.M. , from the causes and on the date stated above.				

23A. SIGNATURE <i>M. Jones</i>	23B. ADDRESS The Johns Hopkins Hospital	23C. DATE SIGNED 1/26/53
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24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY Holy Rosary	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR FEB 19 1953	REGISTRAR'S SIGNATURE <i>Huntington</i>	25. FUNERAL DIRECTOR 1876	ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1878

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Susan Whiteley

2. DATE
OF
DEATH

Jan. 23-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

zone 21-Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION location)Baltimore City Hospitals
4940 Eastern Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

328 Worton Road

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 17-1953

9. AGE (In years
last birthday)If Under 1 Year
Months: Days

7

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Rozelle Whiteley

14. MOTHER'S MAIDEN NAME

Margaret Hooper

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMED BY
Baltimore City Hospitals
Reocords: 4940 Eastern Ave.

18. 754.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Congenital Heart Disease

6 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-23-1953, to 1-23-1953, that I last saw the
deceased alive on 1-23-1953, and that death occurred at 10:50P.m., from the causes and on the date stated above.

23A. SIGNATURE

H. John Ober

23B. ADDRESS

M. O.

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

1-24-1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremated

24B. DATE

1.26.53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore City Hospital

24D. LOCATION (City, town, or county)

4940 Eastern Ave

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

ADDRESS

FEB 1 9 1953

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

LOCALITY

CAUSE OF DEATH

IMMEDIATE CAUSE

OTHER CAUSE

INTERVAL

PERIOD OF ILLNESS

PREVAILING DISEASE

PREVAILING DISEASE

PREVAILING DISEASE

PREVAILING DISEASE

PREVAILING DISEASE

PREVAILING DISEASE

PREVAILING DISEASE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

Yrs.

Mos.

Days

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-16-53, to 1-23-53, that I last saw the deceased alive on 1-23-53, and that death occurred at 3:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, & county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1880
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Baby Boy Betty Siegmeyer

2. DATE
OF
DEATH

1.29.53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospital
4940 Eastern Ave

C. CITY OR TOWN

(If outside corporate limits, write GRAV and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1714 Barclay St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1.29.53

9. AGE (in years;
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Jimmy ?

14. MOTHER'S MAIDEN NAME

Betty Siegmeyer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

(records) B.C.H. 4940 Eastern Ave

18. 776x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Prematurity

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 29, 1953 to 1.29, 1953, that I last saw the
deceased alive on 1 29, 1953, and that death occurred at 10.23am from the causes and on the date stated above.

23A. SIGNATURE

Huntington

M. D.

23B. ADDRESS

4940 Eastern Ave

23C. DATE SIGNED

1.30 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

cremated

24B. DATE

2-2-53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore City Hospital

24D. LOCATION (City, town, or county)

4940 Eastern Ave.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 1 9 1953

Huntington

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MAP 167343 153 1881-02407		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 1881	
BIRTH NO. 153					
1. NAME OF DECEASED (Type or Print) Baby Boy Spencer			2. DATE OF DEATH 1-31-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 16-04			
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospital 4940 Eastern Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
31 c. Length of stay in Baltimore 4 hours		D. STREET ADDRESS (If rural, give location) 11 00 N. Appleton St.			
5. SEX M	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 1-31-53	9. AGE (In years last birthday) 4	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Nathaniel Spencer			14. MOTHER'S MAIDEN NAME Edith Kent		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Baltimore City Hospital 4940 Eastern Ave.	
18. 776x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity DUE TO		CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH Life			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-31 , 19 53 , to 1-31 , 19 53 , that I last saw the deceased alive on 1-31 , 19 53 , and that death occurred at 10:15 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE H. J. Spencer		23B. ADDRESS 4940 Eastern Ave. Balto., Md.		23C. DATE SIGNED 1-31-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremated		24B. DATE 2-4-1953		24C. NAME OF CEMETERY OR CREMATORY Baltimore City Hospitals	
		24D. LOCATION (City, town, or county) (State) 4940 Eastern Ave., Baltimore, Md.			
DATE RECEIVED BY LOCAL REGISTRAR FEB 1 9 1953		REGISTRAR'S SIGNATURE Huntington		25. FUNERAL DIRECTOR ADDRESS 1 8 0 0	

1981 01

1981 01

CERTIFICATE OF DEATH

1-15-81

1-15-81

1-15-81

1-15-81

1-15-81

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1-15-81

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

610		BALTIMORE CITY HEALTH DEPARTMENT		53 1882	
BIRTH NO. 167628		53-03082		CERTIFICATE OF DEATH	
1. NAME OF DECEASED (Type or Print) Baby Boy - Marie Erbe			2. DATE OF DEATH 2-12-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore life			d. STREET ADDRESS (If rural, give location) 126 Callender Street		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 2-9-1953	9. AGE (In years last birthday) 3	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
13. FATHER'S NAME George John Erbe		14. MOTHER'S MAIDEN NAME Marie Dorris Mudd		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT (Records*) B. C. H. 4940 Eastern Avenue	
18. 776x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) Prematurity DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 3 days
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2 - 9 - 1953 to 2 - 12 - 1953, that I last saw the deceased alive on 2 - 12 - 1953, and that death occurred at 12:10 a. m. from the causes and on the date stated above.					
23A. SIGNATURE H. C. Johnson		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED Feb. 12, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) cremated		24B. DATE 2-13-53		24C. NAME OF CEMETERY OR CREMATORY Baltimore City Hospitals	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington		25. FUNERAL DIRECTOR ADDRESS	
FEB 19 1953					

1948

1948

RECEIVED THE NEW YORK OFFICE

RECEIVED THE NEW YORK OFFICE

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RECEIVED THE NEW YORK OFFICE

BALTIMORE CITY HEALTH DEPARTMENT

53 1883
Registered No.

BIRTH NO. 167752 53-03397 CERTIFICATE OF DEATH

1. NAME OF DECEASED
(Type or Print)

Baby Girl Murray - Mamie

2. DATE
OF
DEATH

Feb. 12, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONBaltimore City Hospitals
4940 Eastern AvenueC. CITY OR TOWN (If outside corporate limits, written RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

710 W. Lexington Street

c. Length of stay in Baltimore

1 day

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Feb. 12, 1953

9. AGE (in years
last birthday)

1 day

10 Under 1 Year
Months; Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Earl Murray

14. MOTHER'S MAIDEN NAME

Mamie Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. 4940 Eastern Ave. (record)

18.

776x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Prematurity

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 2-12-1953, to 2-12-1953 that I last saw the
deceased alive on 2-12-53 and that death occurred at 4:50 P.M., from the causes and on the date stated above.

23A. SIGNATURE

H. C. Johnson M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

cremated

24B. DATE

Feb. 17, 1953

24C. NAME OF CEMETERY OR CREMATORY

B.C.H.

24D. LOCATION (City, town, or county)

4940 Eastern Avenue

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1983

STATEMENT OF DEATH

1983

1. Name of deceased		2. Date of death	
3. Place of death		4. Cause of death	
5. Age at death		6. Sex	
7. Race		8. Marital status	
9. Occupation		10. Education	
11. Date of birth		12. Place of birth	
13. Date of death		14. Place of death	
15. Date of death		16. Place of death	
17. Date of death		18. Place of death	
19. Date of death		20. Place of death	
21. Date of death		22. Place of death	
23. Date of death		24. Place of death	
25. Date of death		26. Place of death	
27. Date of death		28. Place of death	
29. Date of death		30. Place of death	
31. Date of death		32. Place of death	
33. Date of death		34. Place of death	
35. Date of death		36. Place of death	
37. Date of death		38. Place of death	
39. Date of death		40. Place of death	
41. Date of death		42. Place of death	
43. Date of death		44. Place of death	
45. Date of death		46. Place of death	
47. Date of death		48. Place of death	
49. Date of death		50. Place of death	
51. Date of death		52. Place of death	
53. Date of death		54. Place of death	
55. Date of death		56. Place of death	
57. Date of death		58. Place of death	
59. Date of death		60. Place of death	
61. Date of death		62. Place of death	
63. Date of death		64. Place of death	
65. Date of death		66. Place of death	
67. Date of death		68. Place of death	
69. Date of death		70. Place of death	
71. Date of death		72. Place of death	
73. Date of death		74. Place of death	
75. Date of death		76. Place of death	
77. Date of death		78. Place of death	
79. Date of death		80. Place of death	
81. Date of death		82. Place of death	
83. Date of death		84. Place of death	
85. Date of death		86. Place of death	
87. Date of death		88. Place of death	
89. Date of death		90. Place of death	
91. Date of death		92. Place of death	
93. Date of death		94. Place of death	
95. Date of death		96. Place of death	
97. Date of death		98. Place of death	
99. Date of death		100. Place of death	

1. Name of deceased		2. Date of death	
3. Place of death		4. Cause of death	
5. Age at death		6. Sex	
7. Race		8. Marital status	
9. Occupation		10. Education	
11. Date of birth		12. Place of birth	
13. Date of death		14. Place of death	
15. Date of death		16. Place of death	
17. Date of death		18. Place of death	
19. Date of death		20. Place of death	
21. Date of death		22. Place of death	
23. Date of death		24. Place of death	
25. Date of death		26. Place of death	
27. Date of death		28. Place of death	
29. Date of death		30. Place of death	
31. Date of death		32. Place of death	
33. Date of death		34. Place of death	
35. Date of death		36. Place of death	
37. Date of death		38. Place of death	
39. Date of death		40. Place of death	
41. Date of death		42. Place of death	
43. Date of death		44. Place of death	
45. Date of death		46. Place of death	
47. Date of death		48. Place of death	
49. Date of death		50. Place of death	
51. Date of death		52. Place of death	
53. Date of death		54. Place of death	
55. Date of death		56. Place of death	
57. Date of death		58. Place of death	
59. Date of death		60. Place of death	
61. Date of death		62. Place of death	
63. Date of death		64. Place of death	
65. Date of death		66. Place of death	
67. Date of death		68. Place of death	
69. Date of death		70. Place of death	
71. Date of death		72. Place of death	
73. Date of death		74. Place of death	
75. Date of death		76. Place of death	
77. Date of death		78. Place of death	
79. Date of death		80. Place of death	
81. Date of death		82. Place of death	
83. Date of death		84. Place of death	
85. Date of death		86. Place of death	
87. Date of death		88. Place of death	
89. Date of death		90. Place of death	
91. Date of death		92. Place of death	
93. Date of death		94. Place of death	
95. Date of death		96. Place of death	
97. Date of death		98. Place of death	
99. Date of death		100. Place of death	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT				53 1884	
BIRTH NO. 167808 53-03644				Registered No.	
1. NAME OF DECEASED (Type or Print) Baby Boy - Briscoe, Dolores			2. DATE OF DEATH Feb. 15-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 14-03		
c. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) 1928 Pennsylvania Avenue		
5. SEX M	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 2-14-53		9. AGE (In years last birthday) 1
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Edward Briscoe			14. MOTHER'S MAIDEN NAME Dolores Queen		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS B.C.H. 4940 Eastern Avenue (record)		
18. 776x CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH 1 day
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-14 , 19 53 , to 2-15 , 19 53 , that I last saw the deceased alive on 2-15 , 19 53 , and that death occurred at B.C.H. , from the causes and on the date stated above.					
23A. SIGNATURE H.C. Johnson		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 2-15-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) cremated		24B. DATE 2-19-53		24C. NAME OF CEMETERY OR CREMATORY Baltimore City Hospitals	
24D. LOCATION (City, town, or county) 4940 Eastern Avenue		24E. (State)		25. FUNERAL DIRECTOR ADDRESS 1 8 8 3	
DATE RECEIVED BY LOCAL REGISTRAR FEB 19 1953		REGISTRAR'S SIGNATURE Huntington		25. FUNERAL DIRECTOR ADDRESS	

CERTIFICATE OF DEATH

THIS CERTIFICATE IS VALID ONLY WHEN
SIGNED BY THE REGISTRAR OF DEATHS
AND THE MEDICAL OFFICER OF HEALTH
AND THE CORONER OR JURY.

SIGNED AND SEALED IN WITNESS WHEREOF
I HAVE HEREUNTO SET MY HAND AND SEAL
THIS _____ DAY OF _____ 19____

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 1885BIRTH NO. 2521. NAME OF DECEASED
(Type or Print)Thomas (Egans) Egans2. DATE
OF
DEATH2/16/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland 277 Carey St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTIONLincoln Convalescent Home

C. CITY OR TOWN (If outside corporate limits, write FULL and give township)

Baltimore 15-01

D. STREET ADDRESS (If rural, give location)

2324 Stockton Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

Col7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Widowed

8. DATE OF BIRTH

March 279. AGE (In years
last birthday)65If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ind12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Edwards Egans

14. MOTHER'S MAIDEN NAME

Mary Lockes15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Susie Gault 19436 Lafayette St18. 442X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertensive Cardi
vascular Disease

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1952, to Feb 16, 1953, that I last saw the
deceased alive on July 4, 1953 and that death occurred at 10:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

M. D.

23B. ADDRESS

805 W. Franklin

23C. DATE SIGNED

2-18-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2/19/53

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Hall

25. FUNERAL DIRECTOR

Isidiah R. Brown Sr

ADDRESS

Montgomery St

CERTIFICATE OF DEATH

10017
10971
21950
07
10017
10971
21950
07
10017
10971
21950
07

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1886

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lathering a Moore

2. DATE
OF
DEATH

Feb 16 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Cath Lutheran Home 3020 N. Ave

4. USUAL RESIDENCE (Where deceased lived, if institution; residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

1543 Bush St N.Y.C. 10027

D. STREET ADDRESS (If rural, give location)

15713 Bush St

C. Length of stay in Baltimore

30 yrs

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 19 1899

9. AGE (In years
last birthday)

63

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Madagascar

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Moses L Moore

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

-

17. INFORMANT

Mrs E. M. Kralis 1100 N. Pratt St

ADDRESS

18. 422.1 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Constrictive Heart Failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

Atherosclerotic CVD

(B)

Gen. Atherosclerosis

DUE TO

Chr. Hypertrophic Cardiomyopathy

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., lo or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1951, to Feb 16, 1953, that I last saw the
deceased alive on Feb 16, 1953, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Charles C. Apperly

23B. ADDRESS

2511 Rockstar Rd

23C. DATE SIGNED

2/18/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb 19 1953

24C. NAME OF CEMETERY OR CREMATORY

Landon Park

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 19 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Geo L. Blaylock Jr.

ADDRESS

1572 Hollins St

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1887

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sister Monica Griffiths

2. DATE
OF
DEATH

Feb 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

501 E. Chase St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Md.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

St. Francis Convent

C. CITY OR TOWN, (If outside corporate limits, write RURAL and give township)

Baltimore

10-01

D. STREET ADDRESS (If rural, give location)

501 E. Chase St.

c. Length of stay in Baltimore

29 yrs

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

Crl

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 3, 1872

9. AGE (In years
last birthday)

80 yrs

If Under 1 Year

Months: Days: Hours: Min.

8 14

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Religious

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Kingston Jamaica

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mother M. Thuma O.S.P. 501 E. Chase St.

18. 480X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Typhus + Brucella Preamin

10 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Anterior - Klummi

Ma Jan

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Jan 1950, to Feb 18th, 1953, that I last saw the
deceased alive on Feb 16th, 1953, and that death occurred at 12 m., from the causes and on the date stated above.

23A. SIGNATURE

E. A. Chataud

M. D.

23B. ADDRESS

15 E. Biddle St

23C. DATE SIGNED

Feb 19/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Feb 20/53

24C. NAME OF CEMETERY OR CREMATORY

New Calhoun Cem.

24D. LOCATION (City, town, or county) (State)

4300 Old Frederick Rd.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Mrs. R. A. Elliott's daughter

ADDRESS

1129 N. Caroline St.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1888

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Bertha Bertina Cornish*2. DATE
OF
DEATH*Feb. 15, 1953*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

94 W. Fayette St.

C. CITY OR TOWN

(If outside corporate limits write RURAL and give township)

5. STREET ADDRESS (If rural, give location)

94 W. Fayette St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Feb. 9, 1885

9. AGE (in years last birthday)

68

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Robinson Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.C.

13. FATHER'S NAME

JAMES MORGAN

14. MOTHER'S MAIDEN NAME

Lottie Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*Charles Morgan Carter St*18. *170X*I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) *Malignant Neoplasm of the Breast*

DUE TO

(B) *a Small Tumor of the Breast*

DUE TO

(C) *Not Known*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.*None*

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Jan 31st, 1953* to *Feb 15th, 1953* that I last saw the deceased alive on *2/15*, 1953, and that death occurred at *3:4* a.m., from the causes and on the date stated above.

23A. SIGNATURE

G. T. Lumm

23B. ADDRESS

523 N. Arlington

23C. DATE SIGNED

3/18/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

2/19/1953

24C. NAME OF CEMETERY OR CREMATORY

Lawson Park Cem.

24D. LOCATION (City, town, or county)

Lawson Park Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurman

25. FUNERAL DIRECTOR

Mrs. Katie R. Williams

ADDRESS

322 N. Schenck St.

8881 03

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

NAME OF DECEASED		AGE		SEX		RACE		DATE OF DEATH		PLACE OF DEATH	
JAMES J. HENRY		45		M		W		JAN 15 1900		NEW YORK	
BIRTH		DEATH		CAUSE OF DEATH		MANNER OF DEATH		DISEASE		TENDENCY	
JAN 1 1855		JAN 15 1900		HEART DISEASE		NATURAL		CORONARY ARTERY DISEASE		NONE	
FATHER		MOTHER		SPOUSE		CHILDREN		BROTHERS		SISTERS	
JAMES J. HENRY		MARY J. HENRY		JANE J. HENRY		JOHN J. HENRY		WILLIAM J. HENRY		ELIZABETH J. HENRY	
EDUCATION		OCCUPATION		RELIGION		POLITICAL PARTY		MILITARY SERVICE		MARITAL STATUS	
HIGH SCHOOL		CLERK		CATHOLIC		DEMOCRAT		NONE		MARRIED	
PREVIOUS ILLNESS		PREVIOUS SURGERY		PREVIOUS TRAUMA		PREVIOUS ACCIDENT		PREVIOUS POISON		PREVIOUS DRUGS	
NONE		NONE		NONE		NONE		NONE		NONE	
PREVIOUS DEATH		PREVIOUS BURIAL		PREVIOUS CREMATION		PREVIOUS INTERMENT		PREVIOUS REINTERMENT		PREVIOUS REINTERMENT	
NONE		NONE		NONE		NONE		NONE		NONE	



PLEASE TYPE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 1889**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Virginia Williams Anderson

2. DATE
OF
DEATH

Feb-17-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Balto. City**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Balto. City

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

210 N. Colvin Street

C. Length of stay in Baltimore **Life**

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May-22-

9. AGE (In years last birthday)

41

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Thomas Gundy

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Daniel Anderson 210 N. Colvin St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary thrombosis

5 min.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertensive cardio-vascular disease 1 yr.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan**, 19**52**, to **Feb**, 19**53**, that I last saw the deceased alive on **15 Feb**, 19**53**, and that death occurred at **10 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

G. C. Burwell

23B. ADDRESS

121 Cassin St W

23C. DATE SIGNED

2-17-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/21/1953

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md.

DATE RECEIVED BY LOCAL REGISTRAR

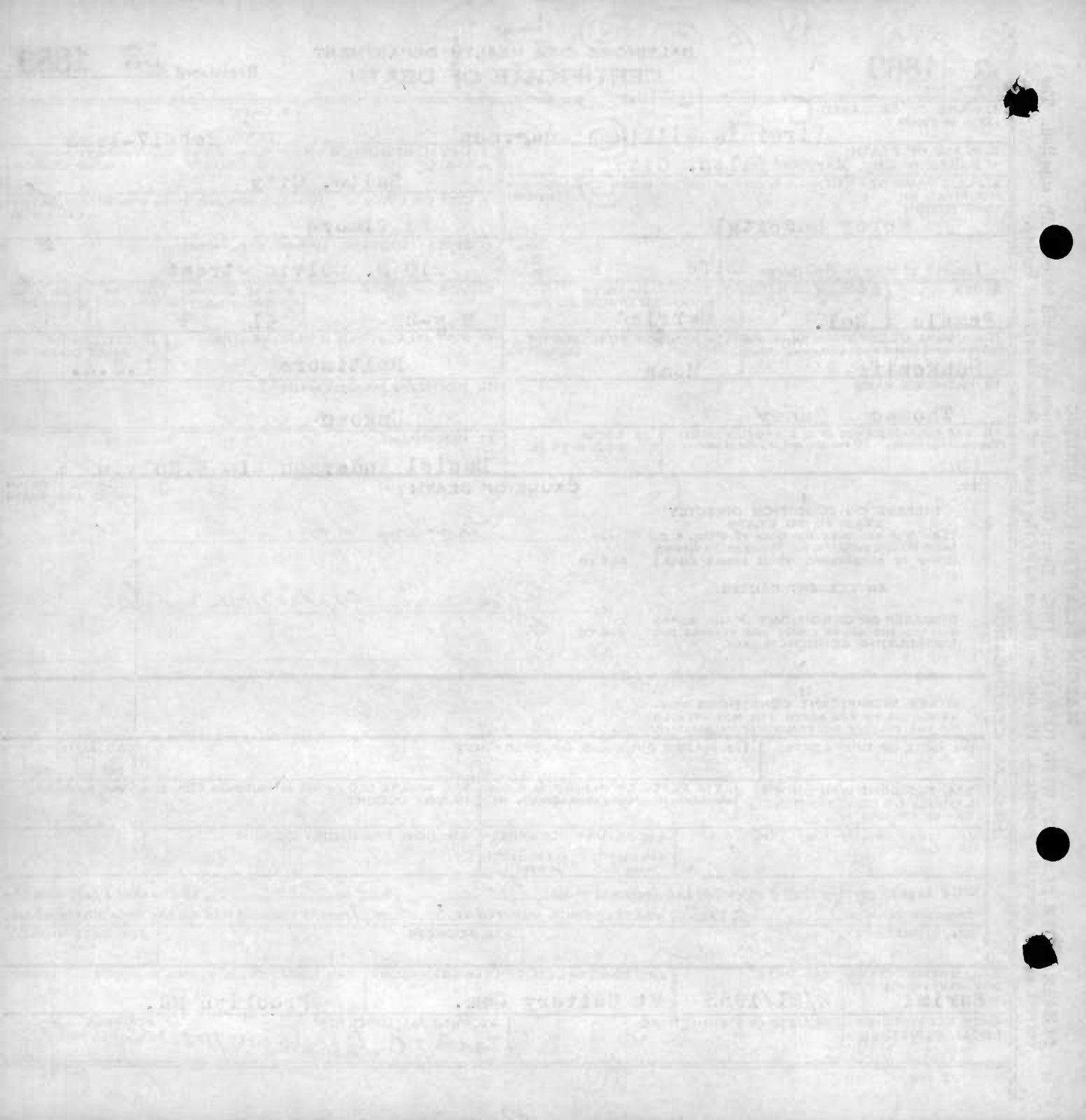
REGISTRAR'S SIGNATURE

Huntington B. Davis, Jr.

25. FUNERAL DIRECTOR

ADDRESS

1000 Beauty Ave



VS CERTIFICATE CORRECTED 3-10-53

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1890

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elizabeth A. Hardy

2. DATE
OF
DEATH Feb. 18/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Hillcrest Nursing Home
212 Stoney Run Lane

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Dundalk

D. STREET ADDRESS (If rural, give location)

33 Dundalk Ave.

c. Length of stay in Baltimore

5 yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

July

9. AGE (in years
last birthday)

78 77 ?

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

California

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Army Relief Society, Washington, D. C.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Arteriosclerotic Myocarditis

1 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertensive Cardio-Vascular
Disease

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1952, to Feb. 18, 1953, that I last saw the
deceased alive on Feb. 14, 1953, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Harold Edward Day

23B. ADDRESS

4-E-33rd St - 18

23C. DATE SIGNED

Feb. 19, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

Feb. 19 /53

24C. NAME OF CEMETERY OR CREMATORY

Arlington National

24D. LOCATION (City, town, or county)

Arlington, Va.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Harry H. Wight

ADDRESS

4101 Edmondson Ave

C-540
53 1891BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1891
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EARL ORSON CONNELLY

2. DATE
OF
DEATH

2/17/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland 7. Calvert St

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

MERCY HOSP.

4. USUAL RESIDENCE (Where deceased lived. (If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE - 12-05

D. STREET ADDRESS (If rural, give location)

1730 CALVERT ST

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Yrs.
Mos.
Days

8. DATE OF BIRTH

5/28/86

9. AGE (in years,
last birthday)

66

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

RETIRED

10B. KIND OF BUSINESS OR
INDUSTRY

Chemist (War Dept)

11. BIRTHPLACE (State or foreign country)

INDIANA

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Henry Connelly

14. MOTHER'S MAIDEN NAME

Josie Powell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

No

17. INFORMANT

Ethan Clark (Nephew) - Shelburne Ind.

ADDRESS

18. 420.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Myocardial Infarction 8 hr.

ANTECEDENT CAUSES

(B)

DUE TO

Coronary Thrombosis

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

8 hr.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/17/53 19, to 2/17/53 19, that I last saw the
deceased alive on 2/17/53 19, and that death occurred at 5 PM, from the causes and on the date stated above.

23A. SIGNATURE

Robert D. Lyden

M. D.

23B. ADDRESS

Mercy Hosp.

23C. DATE SIGNED

2/17/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Feb 19/53

24C. NAME OF CEMETERY OR CREMATORY

Green Mount

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Green Mount, Baltimore

VS 150

007 91

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1981 03

NATIONAL BUREAU OF HEALTH
CENTRAL BUREAU OF DEATH

1981 03



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1892
Registered No.

BIRTH NO.

53 1892

1. NAME OF DECEASED
(Type or Print)

ISABELLE J. MURPHY

2. DATE OF DEATH
Feb. 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION
1810 Harlem Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1810 Harlem Ave.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

July 25, 1865

9. AGE (In years last birthday)

87

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Henry Jones

14. MOTHER'S MAIDEN NAME

Henrietta

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Philip J. Ganzert - 3804 Fulton St.

N. W. Wash. D. C.

18.

422.1
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Cerebral Hemorrhage 1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

Arteriosclerotic - Cardiovascular Disease 6 yrs

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, 19, to Feb. 18, 1953, that I last saw the deceased alive on Feb. 17, 1953, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Nomer U. Todd

M. D.

23B. ADDRESS

2108 St Paul St

23C. DATE SIGNED

2/19/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/21/53

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cem.

24D. LOCATION (City, town, or county)

Prince George Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Wm J. Pickner & Sons

Balt 17, Md.

OFFICE OF THE SECRETARY

WASHINGTON, D. C. 20500

DATE: _____

TO: _____

FROM: _____

SUBJECT: _____

REFERENCE: _____

REMARKS: _____

APPROVED: _____

SPECIAL AGENT IN CHARGE

UNITED STATES DEPARTMENT OF THE INTERIOR

OFFICE OF THE SECRETARY

WASHINGTON, D. C. 20500

DATE: _____

TO: _____

FROM: _____

SUBJECT: _____

REFERENCE: _____

REMARKS: _____

APPROVED: _____

SPECIAL AGENT IN CHARGE

UNITED STATES DEPARTMENT OF THE INTERIOR

OFFICE OF THE SECRETARY

WASHINGTON, D. C. 20500

DATE: _____

TO: _____

FROM: _____

SUBJECT: _____

REFERENCE: _____

REMARKS: _____

APPROVED: _____

SPECIAL AGENT IN CHARGE

UNITED STATES DEPARTMENT OF THE INTERIOR

OFFICE OF THE SECRETARY

WASHINGTON, D. C. 20500

DATE: _____

TO: _____

FROM: _____

SUBJECT: _____

REFERENCE: _____

REMARKS: _____

APPROVED: _____

SPECIAL AGENT IN CHARGE

UNITED STATES DEPARTMENT OF THE INTERIOR

OFFICE OF THE SECRETARY

WASHINGTON, D. C. 20500

DATE: _____

TO: _____

FROM: _____

SUBJECT: _____

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 1893BIRTH NO. 32053 1893

1. NAME OF DECEASED (Type or Print) EMMA P. PFITSCH			2. DATE OF DEATH Feb. 18, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 27-15 C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 1704 South Rd.		
5. FULL NAME OF HOSPITAL OR INSTITUTION 1704 South Rd.			5. Yrs. Mos. Days		
c. Length of stay in Baltimore			6. DATE OF BIRTH May 28, 1865		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	9. AGE (in years last birthday) 87	If Under 1 Year Months: Days	If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10B. KIND OF BUSINESS OR INDUSTRY at home		
11. BIRTHPLACE (State or foreign country) Germany			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME John Kaaz			14. MOTHER'S MAIDEN NAME Henrietta Scheve		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Irene Merritt - 1704 South Rd.			ADDRESS <input checked="" type="checkbox"/>		

18. 480X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Bronchial Pneumonia.		4 days 1 week.
DUE TO		(B) Influenza.		
DUE TO		(C) Old age.		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) none		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Feb. 11, 1953 , to Feb. 17, 1953 , that I last saw the deceased alive on Feb. 17, 1953 , and that death occurred at 3:15 A.M. , from the causes and on the date stated above.				
23A. SIGNATURE R. P. [Signature]		23B. ADDRESS Wentworth apt. Bldg. 1 Md.		23C. DATE SIGNED Feb. 18, 1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/21/53		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.
24D. LOCATION (City, town, or county) Pikesville, Md.		24E. STATE		
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR [Signature]
		ADDRESS Balto 17, Md.		

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

NAME OF DECEASED
RESIDENCE
DATE OF DEATH
PLACE OF DEATH
CAUSE OF DEATH
MANNER OF DEATH
AGE
SEX
RACE
RELIGION
EDUCATION
OCCUPATION
MARRIAGE
PREVIOUS ILLNESS
PREVIOUS SURGERY
PREVIOUS TRAUMA
PREVIOUS DRUGS
PREVIOUS ALCOHOL
PREVIOUS TOBACCO
PREVIOUS OTHER

DECEASED'S NAME		DATE OF DEATH	
RESIDENCE		PLACE OF DEATH	
CAUSE OF DEATH		MANNER OF DEATH	
AGE		SEX	
RACE		RELIGION	
EDUCATION		OCCUPATION	
MARRIAGE		PREVIOUS ILLNESS	
PREVIOUS SURGERY		PREVIOUS TRAUMA	
PREVIOUS DRUGS		PREVIOUS ALCOHOL	
PREVIOUS TOBACCO		PREVIOUS OTHER	

E 5203 1894

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1894
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Robert B. Ennis

2. DATE
OF
DEATH

Feb 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

704 Cathedral St.

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

8-29-1881

9. AGE (in years
last birthday)

71

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Executive

10B. KIND OF BUSINESS OR
INDUSTRY

Numerous Businesses

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Robert Ennis

14. MOTHER'S MARDEN NAME

Sarah Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 420.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

MYOCARDIAL INFARCTION

INTERVAL BETWEEN
ONSET AND DEATH

36 HRS.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

CORONARY THROMBOSIS

36 HRS

DUE TO

(C)

CORONARY ARTERIO SCLEROSIS

—

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

RESOLVING PNEUMONIA

10 DAYS

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-11, 1953 to 2-18, 1953, that I last saw the
deceased alive on 2-18, 1953, and that death occurred at 1:35 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Carlton L. Septon

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2-18-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/20/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Wm. J. Ticker & Sons

ADDRESS

Balto 17, Md.

29068

Balto 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

STATE OF NEW YORK

1911

DECEASED

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

1911

Q 530
53 1895

CERTIFICATE AMENDED 3/19/53 ES
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1895
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Roland Suandt

2. DATE
OF
DEATH

2/18/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Suwei Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

If outside corporate limits, write full name and give township)

D. STREET ADDRESS (If rural, give location)

3306 Paulding Ave

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

Oct 7, 1890

9. AGE (In years
last birthday)

63

10. Under 1 Year
Months Days

11. Under 24 Hours
Hours Min.

10. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Handyman

10B. KIND OF BUSINESS OR
INDUSTRY

Painter

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Augusta Suandt

14. MOTHER'S MAIDEN NAME

Katherine E. Chassinich

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Ray Lambert 8704 Edington Road

18. 156.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma toxic

DUE TO

primary site unknown, metastasis
to liver

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from 2/5/53, 1953, to 2/18/53, 1953, that I last saw the
deceased alive on 2/18/53, 1953, and that death occurred at 9:30 A. M., from the causes and on the date stated above.

23. SIGNATURE

Irving Kramer

M. D.

23B. ADDRESS

Suwei Hosp.

23C. DATE SIGNED

2/19/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington 5300, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Irving Dyers 5005 Philadelphia

Chene

FEB 19 1953

56424

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

See query reply in Document File

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53, 1896

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE OF DEATH 17 Feb 1953
5 a.m.

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1201 Valley Cr

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md

B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Little Sisters of the Poor

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balt

D. STREET ADDRESS (If rural, give location)

702 N. Carrollton Ave

c. Length of stay in Baltimore

18 days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Mar 10 1865

9. AGE (in years last birthday)

87

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR INDUSTRY

At home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Wright

14. MOTHER'S MAIDEN NAME

Georgianna Burgess

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Little Sisters of the Poor

ADDRESS

18. 151X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Carcinoma of Stomach

INTERVAL BETWEEN ONSET AND DEATH

1 year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Metastasis in Liver

6 months

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1 - 1953, to Feb 17, 1953, that I last saw the deceased alive on Feb 16, 1953, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

E. Gill Hall M.D.

23B. ADDRESS

1631 E. North Ave

23C. DATE SIGNED

2/17/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-20-53

24C. NAME OF CEMETERY OR CREMATORY

New-Cathedral Cem

24D. LOCATION (City, town, or county)

Balt. Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Hall, M.D.

25. FUNERAL DIRECTOR

Samuel R. Sullivan Jr

ADDRESS

1011 N. Arlington Ave

FEB 19 1953

STATE OF NEW YORK
DEPARTMENT OF HEALTH
OFFICE OF THE COMMISSIONER

1918

1918

1918

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1918

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1897
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES BACKUS

2. DATE
OF
DEATH

7/17/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution residence before admission)
A. STATE B. COUNTY

1612 Booker St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

1 Baltimore 15-01

D. STREET ADDRESS (If rural, give location)

1612 Booker Ct.

5. SEX

male

6. COLOR OR RACE

ed

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Dec. 6, 1908

9. AGE (In years last birthday)

44

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Tailor

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Edenton, N.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

WILLIAM W. BACKUS

14. MOTHER'S MAIDEN NAME

Sophronia Cabanas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

240-14-3185 VIOLA BACKUS. 1612 BOOKER CT.

17. INFORMANT

ADDRESS

18.

331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertension

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN ONSET AND DEATH

1 day

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 17, 1953, to Feb. 17, 1953, that I last saw the deceased alive on Feb. 17, 1953, and that death occurred at 9:25 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FFD 1 01053

VS 150

590 46

17.

2

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1898

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN H. DRUMMOND

2. DATE
OF DEATH February 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

622 W. Lee Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

1/2/1893

9. AGE (In years
last birthday)

60

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Brakeman

10B. KIND OF BUSINESS OR
INDUSTRY

B&O R.R.

11. BIRTHPLACE (State or foreign country)

A. Carmar Co., Va.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John H. Drummond

14. MOTHER'S MAIDEN NAME

Laura Morris

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MATTIE DUNSTON 3929 Haverford Ave
Philadelphia, PA

18. 023X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Syphilitic cardiovascular disease

DISEASE

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cirrhosis of the liver

DISEASE

(C) Arteriosclerotic cardiovascular disease

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (a. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. Smith

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....23C. DATE SIGNED
Feb. 19, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2/21/53

24C. NAME OF CEMETERY OR CREMATORY

Mt Zion

24D. LOCATION (City, town, or county) (State)

Baltimore, Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

T. J. 9550

25. FUNERAL DIRECTOR

Charles A. Rice 661 W. Baltimore

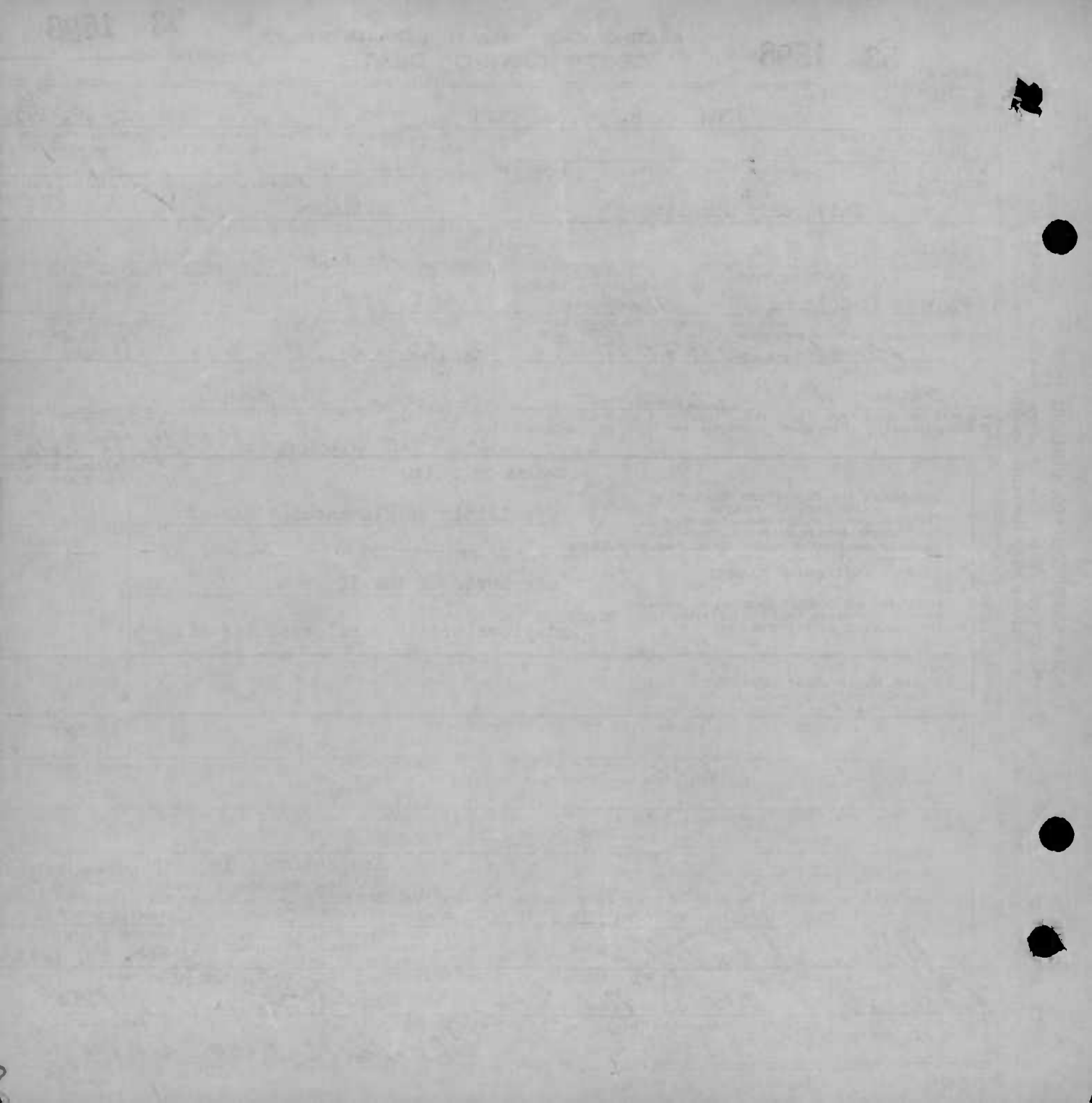
ADDRESS

VS-151 91953

62450

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct as especially important. Physicians: please write the causes of death clearly and legibly.

53 1899

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1899

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

COOPER, HELEN G

2. DATE
OF
DEATH

2/17/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

University Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1542 hester St

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

3/26/04

9. AGE (in years last birthday)

48

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ma

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

David Jones

14. MOTHER'S MAIDEN NAME

Emma

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Leonard Cooper Leslie St 1542

18. 331 X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ...

DUE TO

? cerebral vascular accident

ANTECEDENT CAUSES

(B) ...

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) ...

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2/17/1953 to 2/17/1953, that I last saw the deceased alive on 2/17/1953, and that death occurred at 10:45 pm., from the causes and on the date stated above.

23A. SIGNATURE

G. J. Smith, Jr.

M. D.

23B. ADDRESS

University Hosp, Balto

23C. DATE SIGNED

2/17/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

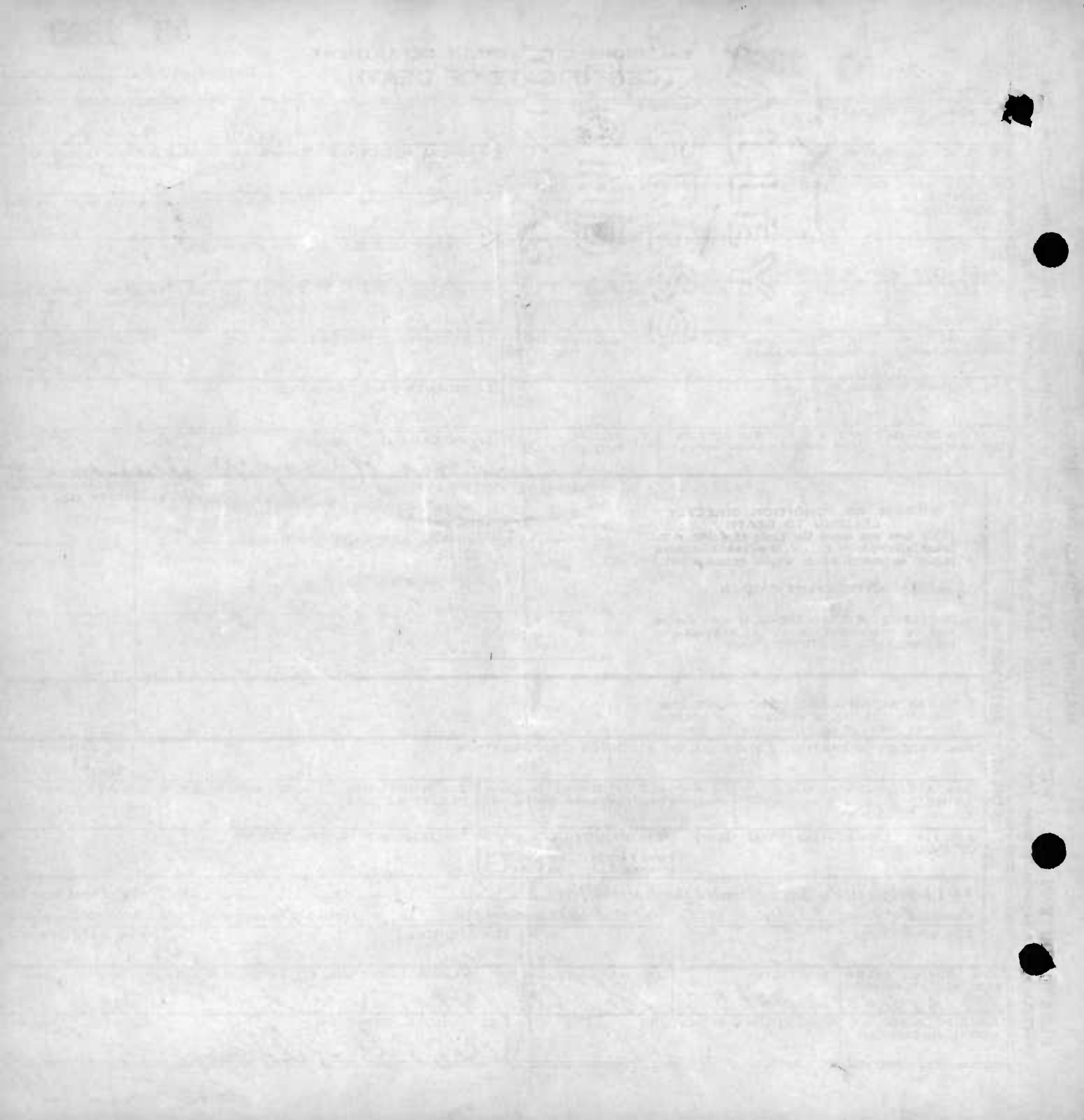
ADDRESS

FEB 19 1953

Huntington, W. D. 5, 3, 1

Geo. H. Nelson

Crestman St



BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 1900	
1. NAME OF DECEASED (Type or Print) Wasa Kekich			2. DATE OF DEATH Feb. 18-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 46yrs			D. STREET ADDRESS (If rural, give location) 1318 McHenry St.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 25-1889	9. AGE (In years last birthday) 63	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER RET.			10B. KIND OF BUSINESS OR INDUSTRY B+Q. P.R.		
13. FATHER'S NAME Steve Kekich			14. MOTHER'S MAIDEN NAME Miles Leocanajanov (Milis Lerarajanov)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		
17. INFORMANT 4940 Eastern Ave. ADDRESS Records: Baltimore City Hospitals					
18. 002X CAUSE OF DEATH					INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Anterior myocardial infarction					5yrs.
DUE TO					
ANTECEDENT CAUSES Chronic Pulmonary tuberculosis, far advanced bilateral active					27yrs
DUE TO					
(C) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-4 , 19 53 to 2-18 , 19 53 , that I last saw the deceased alive on 2-18 , 19 53 , and that death occurred at 10.30PM , from the causes and on the date stated above.					
23A. SIGNATURE H.C. John Doe			23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED 2-18-1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2-21-53	24C. NAME OF CEMETERY OR CREMATORY Landon Park		24D. LOCATION (City, town, or county) (State) Barto Md
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE H. J. ...		25. FUNERAL DIRECTOR Pratt & B. M. Walters	
FEB 19 1953 56450 Pratt & B. M. Walters					

1950 12

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OFFICE OF THE
ATTORNEY GENERAL

101

12-15-50

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1901

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM ROBERT BOSLEY

2. DATE
OF
DEATH

Feb. 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2740 Beryl Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2740 Beryl Ave.,

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Dec. 16, 1876

9. AGE (In years
last birthday)

76

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Wood Caulker

10B. KIND OF BUSINESS OR
INDUSTRY

Beth. Steel Corp.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Anna C. Lightner, neice, above

18. 491X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Broncho pneumonia

DUE TO

10 days -

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Atherosclerosis

5-70.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 8, 1953, to Feb. 18, 1953, that I last saw the
deceased alive on Feb. 18, 1953, and that death occurred at 1040 P.M., from the causes and on the date stated above.

23A. SIGNATURE

David Schneider

M. D.

23B. ADDRESS

1101 N. Milton Ave

23C. DATE SIGNED

2-19-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 20, 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Schimunek Funeral Home, Inc.

ADDRESS

2601-3-5 E. Madison St.

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VETERINARY MEDICINE
WASHINGTON, D. C.

Form 1

1. Name of Animal: _____

2. Sex: _____

3. Age: _____

4. Breed: _____

5. Color: _____

6. Date of Birth: _____

7. Date of Examination: _____

8. Name of Examiner: _____

9. Name of Owner: _____

10. Address: _____

11. City: _____

12. State: _____

13. Zip: _____

14. Telephone: _____

15. Name of Veterinarian: _____

16. Address: _____

17. City: _____

18. State: _____

19. Zip: _____

20. Telephone: _____

21. Name of Veterinarian: _____

22. Address: _____

23. City: _____

24. State: _____

25. Zip: _____

26. Telephone: _____

27. Name of Veterinarian: _____

28. Address: _____

29. City: _____

MARGIN RESERVED FOR BINDING

B-346
53 1902

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1902

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Emanuel P. Boteler

2. DATE
OF
DEATH

Feb. 16, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE B. COUNTY

Maryland

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1218 E. North Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1218 E. North Ave.

c. Length of stay in Baltimore

6. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

July 30, 1869

9. AGE (In years last birthday)

83

If Under 1 Year Months: Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

?

10B. KIND OF BUSINESS OR INDUSTRY

Post Office

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Boteler

14. MOTHER'S MAIDEN NAME

Amelia ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mary E. Boteler - 1218 E. North Ave.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Arteriosclerosis Cardiovascular*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Insulin*
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1950, to Feb. 16, 1953, that I last saw the deceased alive on Feb 13, 1953, and that death occurred at 7⁰⁰ m., from the causes and on the date stated above.

23A. SIGNATURE

Vol Smith

23B. ADDRESS

1223 E North Ave

23C. DATE SIGNED

2/18/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/19/53

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 19 1953

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Wm. J. Vickers

ADDRESS

Ratto 17 Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct address is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1903

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Allen Jennings

2. DATE
OF
DEATH

February 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

108 E. 20th St.

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

11-17-71

9. AGE (In years
last birthday)

81

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

banding

10B. KIND OF BUSINESS OR
INDUSTRY

own

11. BIRTHPLACE (State or foreign country)

Vicks Co. N.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Thomas Jennings

14. MOTHER'S MAIDEN NAME

Elizabeth McBride

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no.

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL



18.

491X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

(A) Bronchial Pneumonia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Arteriosclerotic Cardio-
vascular diseaseINTERVAL BETWEEN
ONSET AND DEATH

2 wks

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-2, 1953, to 2-18, 1953, that I last saw the
deceased alive on 2-18, 1953, and that death occurred at 11 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Richard A. [Signature]

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 21, 1953

24C. NAME OF CEMETERY OR CREMATORY

St. Anthony's Shrine

24D. LOCATION (City, town, or county)

Emonitaburg, Frederick Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

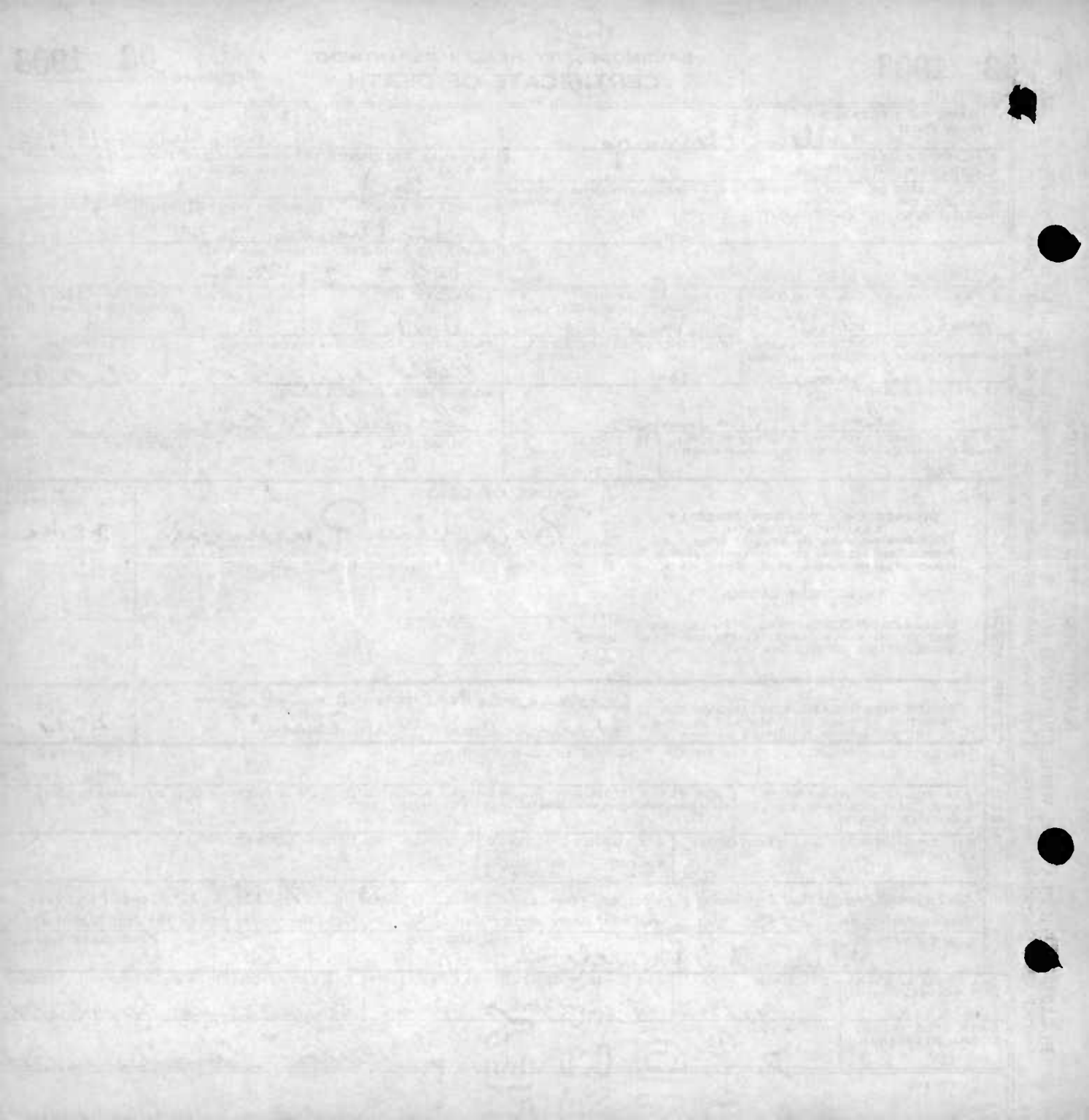
Huntington 1953.5.3

25. FUNERAL DIRECTOR

S. L. Allison

ADDRESS

Emonitaburg, Md.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53** 1904BIRTH NO. **3** 1904

1. NAME OF DECEASED (Type or Print) <i>Barbara M. White</i>		2. DATE OF DEATH <i>2-18-53</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland <i>Balto</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Md</i> b. COUNTY	
b. FULL NAME OF (If not in hospital or institution, give street address or location) <i>138 N. Curley Street</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto - Md 6-01</i>	
c. Length of stay in Baltimore <i>Life</i> Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) <i>138 N. Curley Street</i>	
5. SEX <i>F.</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>7-27-70</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>	9. AGE (In years last birthday) <i>82</i> If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. FATHER'S NAME <i>John Schriber</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore - Md.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
16. SOCIAL SECURITY NO. <i>✓</i>		14. MOTHER'S MAIDEN NAME <i>?</i>	
17. INFORMANT		ADDRESS	

18. <i>334X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Apoplexy</i>	CAUSE OF DEATH (A) <i>Cerebral Apoplexy</i> DUE TO (B) <i>Cerebral & generalized arteriosclerosis - Ch. Hypertension</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>5 weeks</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION <i>0</i>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan. 1, 1953</i> , to <i>Feb-18, 1953</i> , that I last saw the deceased alive on <i>Feb-18, 1953</i> , and that death occurred at <i>2:15 P.M.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>W. J. H. H. H.</i>		23b. ADDRESS <i>2005 S. Pratt St</i>		23c. DATE SIGNED <i>2/19/53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>2-23-53</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Oak Lawn</i>	
24d. LOCATION (City, town, or county) (State) <i>Baltimore - Md</i>		25. FUNERAL DIRECTOR		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 19 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington</i>		25. FUNERAL DIRECTOR <i>W. J. H. H. H.</i>	
ADDRESS <i>Huntington 215 N. 3rd St</i>		25. FUNERAL DIRECTOR <i>W. J. H. H. H.</i>		ADDRESS <i>403 S. Wolfe Street</i>	

1621

5

OFFICE OF THE
SECRETARY OF THE
NAVY

1621

OFFICE OF THE
SECRETARY OF THE
NAVY

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53** **1905**

BIRTH NO.

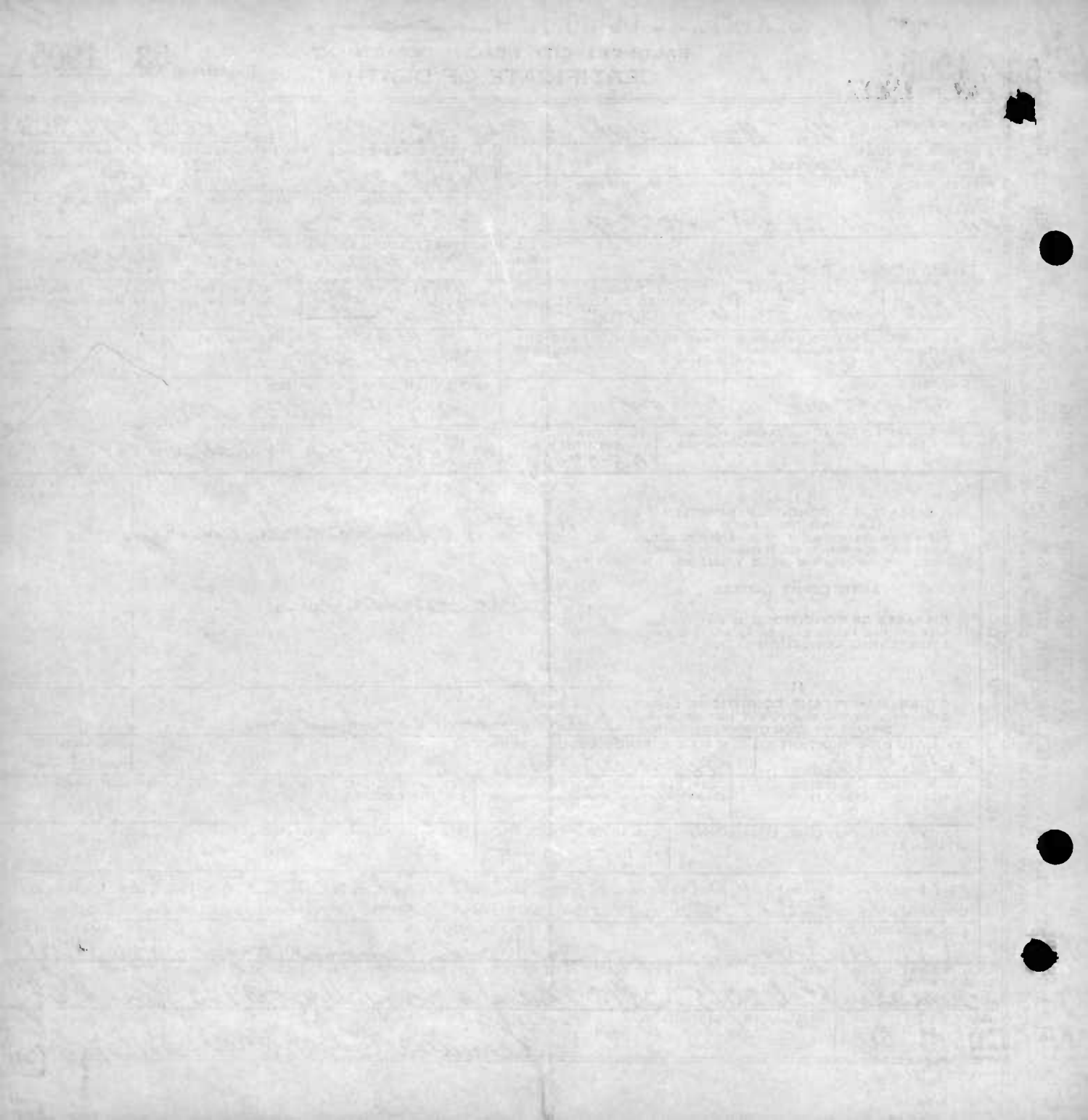
1. NAME OF DECEASED (Type or Print) MR. ALFRED LEON STERNER, SR.			2. DATE OF DEATH FEB 17, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE		
B. FULL NAME OF (If not in hospital or institution, give street address or location) UNION MEMORIAL HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 11 13-07		
c. Length of stay in Baltimore LIFE			D. STREET ADDRESS (If rural, give location) 4017 EVANS CHAPEL ROAD		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JUNE 29, 1892	9. AGE (In years last birthday) 60	If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AUDITOR		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME FREDERICK STERNER			14. MOTHER'S MAIDEN NAME MARY ALICE COATS		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 70-5-07-4472	17. INFORMANT MR. FREDERICK W. STERNER (SON)		
			ADDRESS 3824 ELM AVE. BALT. 11		

18. 451X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) Rupture of lumbar aortic aneurysm DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) atherosclerosis DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C) pulmonary congestion	

19A. DATE OF OPERATION 5:50 PM 2-14-53 7:30 PM 2-14-53	19B. MAJOR FINDINGS OF OPERATION ABDOMINAL ANEURYSM	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **FEB 14, 1953**, to **FEB 17, 1953**, that I last saw the deceased alive on **FEB 17, 1953**, and that death occurred at **2 A** m., from the causes and on the date stated above.

23A. SIGNATURE J. D. Hubbard	23B. ADDRESS M. D. Union Memorial Hosp.	23C. DATE SIGNED Feb 17, 1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Feb 20/53	24C. NAME OF CEMETERY OR CREMATORY St. Mary's Hampden - 3900 Roland Ave
24D. LOCATION (City, town or county) (State) md	25. FUNERAL DIRECTOR Christie E. Donovan - 3818 Roland Ave	
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Thurston	



B-650
1906

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 58-1906

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct and is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. NAME OF DECEASED (Type or Print) MARGARET E. BROWN.			2. DATE OF DEATH Feb 18, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 15-07		
B. FULL NAME OF HOSPITAL OR INSTITUTION 3814 Elm Ave			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 3814 Elm Ave		
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug 14, 1883		9. AGE (In years last birthday) 69
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			11. BIRTHPLACE (state or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Edwin Chaney			14. MOTHER'S MAIDEN NAME Elizabeth A. McKnew		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Charles A. Brown - 3814 Elm Ave
18. 416x CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Myocardial failure DUE TO ANTECEDENT CAUSES (B) Rheumatic heart disease DUE TO (C)					INTERVAL BETWEEN ONSET AND DEATH 2 mos ?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan. 2, 1952 , to Feb 18, 1953 , that I last saw the deceased alive on Feb 18, 1953 , and that death occurred at 11:25 p. m. , from the causes and on the date stated above.					
23A. SIGNATURE Malcolm Stiffman			23B. ADDRESS 846 CO. 36TH ST.		23C. DATE SIGNED 2-19-53
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE Feb 21/53		24C. NAME OF CEMETERY OR CREMATORY St. Mary's Seminary - 3900 Roland Ave, Md	
24D. LOCATION (City, town, or county) (State) Baltimore, Md		24E. NAME OF FUNERAL DIRECTOR Frederick B. Donovan		24F. ADDRESS 3818 Roland Ave.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 19 1953		REGISTRAR'S SIGNATURE Frederick B. Donovan		25. FUNERAL DIRECTOR'S ADDRESS	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT				53 1907	
CERTIFICATE OF DEATH				Registered No.	
1. NAME OF DECEASED (Type or Print) <i>Lania Baker</i>				2. DATE OF DEATH <i>February 12, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
D. STREET ADDRESS (If rural, give location) <i>1921 E. Pratt St.</i>				E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH		9. AGE (In years last birthday) <i>59</i>		10. UNDER 1 Year Months: Days	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME	
14. MOTHER'S MAIDEN NAME		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS <input checked="" type="checkbox"/>		18. 410X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
19. DATE OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
22. TIME (Month) (Day) (Year) (Hour) OF INJURY		23. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		24. HOW DID INJURY OCCUR?	
25. I hereby certify that I attended the deceased from <i>1946</i> to <i>OCTOBER, 1952</i> that I last saw the deceased alive on <i>OCT.</i> , 19 <i>52</i> and that death occurred at <i>—</i> m., from the causes and on the date stated above.		26. SIGNATURE <i>David Lubens</i>		27. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
28. DATE <i>2-21-53</i>		29. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>		30. LOCATION (City, town, or county) (State) <i>Balto</i>	
31. DATE RECEIVED BY LOCAL REGISTRAR		32. REGISTRAR'S SIGNATURE		33. FUNERAL DIRECTOR <i>Willy & Zeller Inc.</i>	

VS 150

Certificates to be approved by Medical Examiner

NOT A MEDICAL EXAMINER'S CASE

R. H. Fisher

M.D.

CHIEF OR ASS'T. MEDICAL EXAMINER

F-524
53 1908BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1908

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anna C. Feneel

2. DATE
OF DEATH

Feb. 17 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

107 Burnett St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 30th

23-01

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

107 Burnett St.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral hemorrhage

2 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Hypertensive cardio vascular
disease.

DUE TO

(C)

?

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 4/10/51, 19__, to 2/17/53, 19__, that I last saw the
deceased alive on 2/17/1953, and that death occurred at 3:55 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Harry Delell

M. D.

1226 Hanover St.

2/17/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

2/21/53

Holy Cross Cem

Brooklyn Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 19 1953

Huntington

Charles F. Dill 1546 1st Ave.

1903

1903



R-760
53 1909BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1909

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles S. Rucker Jr.

2. DATE
OF
DEATH

Feb. 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

729 N. Eden St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1-29-1919

9. AGE (In years

last birthday)

34

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Unknown

11. BIRTHPLACE (State or foreign country)

Roanoke, Va. - U.S.A.

13. FATHER'S NAME

Chas. S. Rucker Sr.

14. MOTHER'S MAIDEN NAME

Mathie Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

Unknown

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

✓

18. 490x and 581.1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Empyema, Rt Chest

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Lung Abscess, RML

DUE TO

(C) Pneumonia, RML

INTERVAL BETWEEN ONSET AND DEATH

4 weeks

5 weeks

6 weeks

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Early Alcoholic Cirrhosis Mos.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-31, 1953 to 2-18, 1953, that I last saw the deceased alive on 2-18, 1953, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

David L. Lewis

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2/18/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/22/53

24C. NAME OF CEMETERY OR CREMATORY

Lincoln

24D. LOCATION (City, town, or county)

Roanoke, Va.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington T. Bowers, Jr.

25. FUNERAL DIRECTOR

Wm. B. Chapman, Jr. - 1701 Main St. - Roanoke, Va.

ADDRESS

FEB 19 1953

VS 150

97099

5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct and is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53** **1910**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ella M. Russell

2. DATE
OF
DEATH

2/17/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

18 N. Monroe St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

18 N. Monroe St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

18 N. Monroe St.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Dec. 22, 1877

9. AGE (In years last birthday)

75

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William H. Russell

14. MOTHER'S MAIDEN NAME

Catherine Caton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Edward Russell 18 N. Monroe St.

18. **331X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

30 min.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertension 200/100
Atherosclerosis

6 mo

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

none

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2/10/53** to **2/17/53**, that I last saw the deceased alive on **2/10/53**, and that death occurred at **6:30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

[Signature]

M. D.

1433 W. Pratt St.

2/18/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

2/20/53

Cathedral

Baltimore

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 19 1953

Huntington Hall, Md.

M. Fahey & Sons 401 Suffolk Rd. - 18

CONFIDENTIAL

SECRET

CONFIDENTIAL

453

53 1911

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1911

Registered No. _____

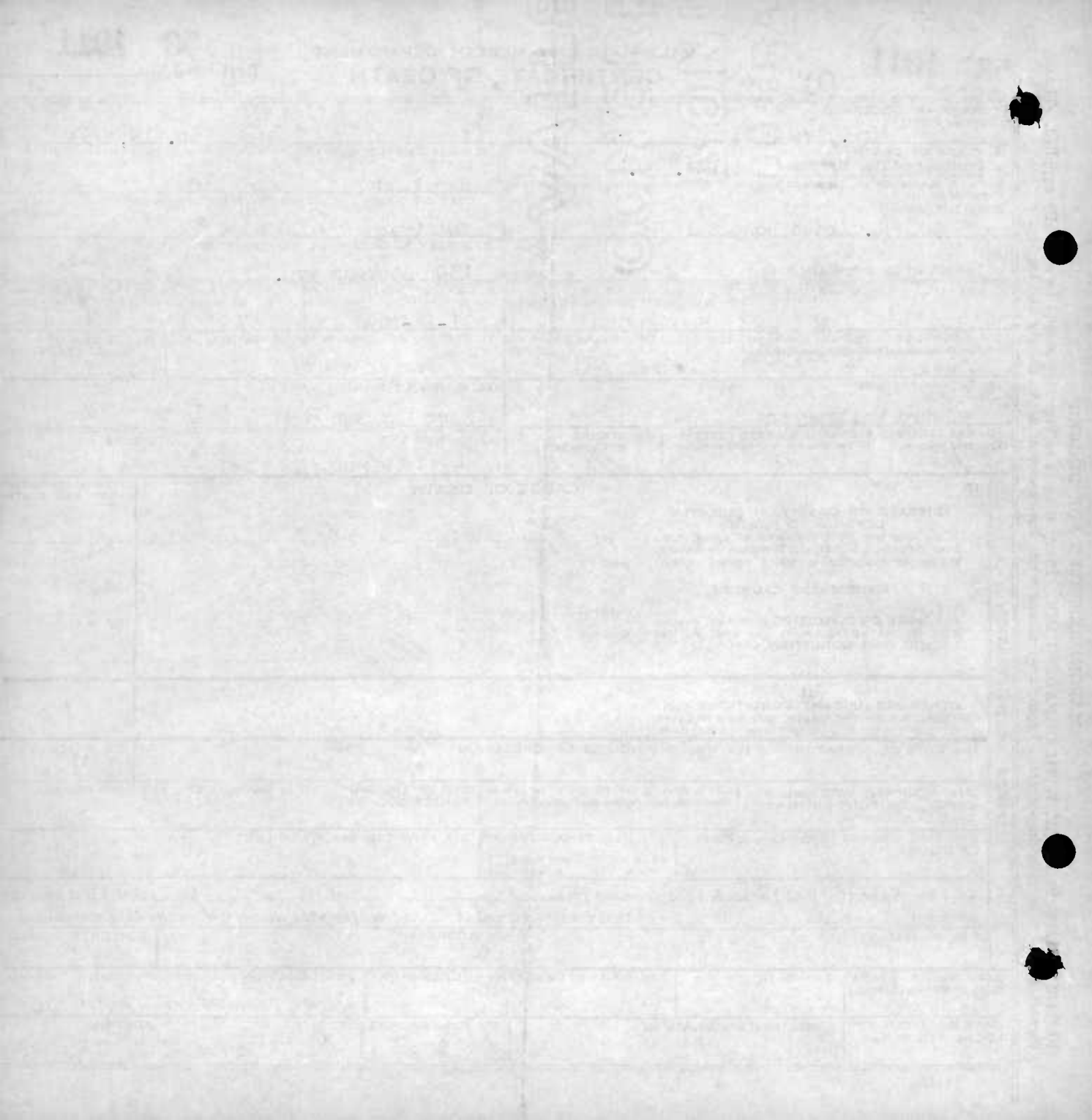
1. NAME OF DECEASED (Type or Print) Mrs. Eva Holland			2. DATE OF DEATH Feb. 19, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. Md.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY BALTIMORE		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Arbutus		
c. Length of stay in Baltimore 1 month			D. STREET ADDRESS (If rural, give location) 1306 Stevens Ave.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 11-16-1896		9. AGE (In years last birthday) 57
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY Domestic		11. BIRTHPLACE (State or foreign country) MARYLAND
13. FATHER'S NAME Edward Waltemeyer			12. CITIZEN OF WHAT COUNTRY? USA		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. NONE		
17. INFORMANT ELMER MEYERS			ADDRESS 1306 STEVENS AVE		
18. 422.1 and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary emboli - pneumonia DUE TO Pulmonary infarct.			CAUSE OF DEATH		
19. 422.1 and 260X DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Diabetes mellitus DUE TO Diabetes mellitus			INTERVAL BETWEEN ONSET AND DEATH		
20. 422.1 and 260X OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-20, 1953 to 2-19, 1953 , that I last saw the deceased alive on 2-19, 1953 , and that death occurred at 7:50 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE George L. Schaub			23B. ADDRESS 52. Agnes Hospital		23C. DATE SIGNED 2-19-53
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 2-23-53	24C. NAME OF CEMETERY OR CREMATORY MT. OLIVET		24D. LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND
DATE RECEIVED BY LOCAL REGISTRAR FEB 20 1953		REGISTRAR'S SIGNATURE Huntington B. Smith		25. FUNERAL DIRECTOR George L. Schaub	
				ADDRESS 2101 FREDERICK AVE.	

7208A

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct address is especially important. Physicians: please write the causes of death clearly and legibly.



53 1912

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1912

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Walton Thomas

2. DATE
OF
DEATH

2/19/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Univ. Hosp.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto. Md

D. STREET ADDRESS (If rural, give location)

3245 Westmont Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

May 22, 1893

9. AGE (In years

last birthday)

59

Under 1 Year

Months: Days

Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

doubler

10B. KIND OF BUSINESS OR INDUSTRY

Textile mfg.

11. BIRTHPLACE (State or foreign country)

G A.

12. CITIZEN OF

WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James Thomas

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Henry H. Thomas-3245 Westmont Ave.

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Pulmonary Edema

INTERVAL BETWEEN ONSET AND DEATH

1/2 hr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)Congestive Failure
A.C.V.D.7 da?
?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Emphysema

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 12, 1953 to Feb 17, 1953, that I last saw the deceased alive on Feb 18, 1953 and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J.D. Baker

M. D.

23B. ADDRESS

Univ. Hosp

23C. DATE SIGNED

2/19/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

Feb. 20, 1953

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

Atlanta, Ga.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 20 1953

Huntington

Wm. J. Baker & Sons

1915

1915

CERTIFICATE OF DEATH

Name of Deceased		Age		Sex		Race		Date of Death		Place of Death		Cause of Death		Signature of Physician		Signature of Registrar	
John Doe		45		Male		White		Jan 15 1915		New York City		Heart Disease		J. Smith		A. Brown	
Occupation		Residence		Marital Status		Religion		Date of Birth		Date of Death		Cause of Death		Signature of Physician		Signature of Registrar	
Teacher		123 Main St		Married		Catholic		Jan 1 1915		Jan 15 1915		Heart Disease		J. Smith		A. Brown	
Signature of Deceased		Signature of Next of Kin		Signature of Physician		Signature of Registrar		Signature of Coroner		Signature of Jury		Signature of Judge		Signature of Clerk		Signature of Secretary	
John Doe		Jane Doe		J. Smith		A. Brown		C. Green		D. White		E. Black		F. Grey		G. Blue	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1913

Registered No. _____

53 1913

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

David H. Schulman

2. DATE OF DEATH

Feb 18/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Lutheran Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY _____

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-12

D. STREET ADDRESS (If rural, give location)

2904 Norfolk Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 1, 1894

9. AGE (In years last birthday)

58

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Proprietor

10B. KIND OF BUSINESS OR INDUSTRY

Jewelry Store

11. BIRTH PLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Asner Schulman

14. MOTHER'S MAIDEN NAME

Ida Sundel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Lena Schulman - 2904 Norfolk

ADDRESS

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary occlusion

minutes

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Ht Dis.

yes

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

22. I hereby certify that I attended the deceased from Apr 14, 1949, to Jan 23, 1953, that I last saw the deceased alive on Jan 23, 1953, and that death occurred at 3:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Dr. W. H. Scheraga

23B. ADDRESS

803 Cathedral Street

23C. DATE SIGNED

2/18/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb 20/53

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Friendship Cmt

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Sol Levenson

ADDRESS

1126 W North ave

1913

33

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1913

NAME OF DECEASED

AGE

SEX

RACE

DATE

TIME

PLACE

CAUSE

DIAGNOSIS

TEST

REPORT

SIGNATURE

DATE

TIME

PLACE

CAUSE

DIAGNOSIS

TEST

REPORT

SIGNATURE

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DIAGNOSIS

TEST

REPORT

SIGNATURE

DATE

TIME

PLACE

CAUSE

DIAGNOSIS

TEST

REPORT

SIGNATURE

CAUSE OF DEATH

IMMEDIATE CAUSE

INTERMEDIATE CAUSE

PREEXISTING DISEASE

LOCAL CAUSE

SYSTEMIC CAUSE

TOXIC CAUSE

INFECTIOUS CAUSE

TRAUMATIC CAUSE

OTHER CAUSE

DATE

TIME

PLACE

CAUSE

DIAGNOSIS

TEST

REPORT

SIGNATURE

DATE

TIME

PLACE

CAUSE

DIAGNOSIS

TEST

REPORT

SIGNATURE

DATE

TIME

PLACE

CAUSE

DIAGNOSIS

TEST

REPORT

SIGNATURE

DATE

TIME

PLACE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct address is especially important. Physicians: please write the causes of death clearly and legibly.

53 1914

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1914

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) MORRIS LANDSMAN			2. DATE OF DEATH February 19, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 4613 ParkHeights Ave			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 54 Yrs			D. STREET ADDRESS (If rural, give location) 3841 ParkHeights Ave		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1863	9. AGE (In years last birthday) 90	10. Under 1 Year Months: Days: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Bag Business			10B. KIND OF BUSINESS OR INDUSTRY Rags		
11. BIRTHPLACE (State or foreign country) Russia			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Hersel Landsman			14. MOTHER'S MAIDEN NAME Ida ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs Sara Bressler			ADDRESS 3841 ParkHeights Ave		

18. 600.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pyelonephritis CAUSE OF DEATH (A) infection from indwelling catheter for urinary incontinence DUE TO (B) _____ DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH 1 mo.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. none		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan - 1953 , to Feb 19 1953 , that I last saw the deceased alive on Feb 19 1953 , and that death occurred at 5:15 m. , from the causes and on the date stated above.					
23A. SIGNATURE Louis Blum, M.D.		23B. ADDRESS 2310 Canton Place		23C. DATE SIGNED 2/19/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb 20, 1953		24C. NAME OF CEMETERY OR CREMATORY Mickro Kodesh Cong Cemetery	
24D. LOCATION (City, town, or county) Baltimore Md		25. FUNERAL DIRECTOR 1126 W North Ave			
DATE RECEIVED BY LOCAL REGISTRAR FEB 20 1953		REGISTRAR'S SIGNATURE Huntington Williams			

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53 1915

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1915
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ABRAHAM EUZENT

2. DATE
OF
DEATH

2-20-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

3904 Ayrdale Ave Baltimore 15-10

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

3904 Ayrdale Ave

c. Length of stay in Baltimore

48

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (In years
last birthday)

65

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Grocer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTH PLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Pasa

14. MOTHER'S MAIDEN NAME

Rose

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Edith Euzent - same

18. 154X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

June 19, 50

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Rectum - metastatic to lymph nodes

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 19, 1950, to 2-19-53, that I last saw the
deceased alive on June 19, 1950, and that death occurred at 4:37 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Hans Leeb MD

M. O.

23B. ADDRESS

Shelburne Ave.

23C. DATE SIGNED

2-20-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-20-53

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Young Men

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

J. P. Lewis

ADDRESS

2100 Butan Pl

1917
Louis Lachos
Answer
9AM

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1916
Registered No.53 1916
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

Manz, George A.

2. DATE
OF
DEATH

Feb. 19, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore 18, Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Doctors Hospital

2724 N. Ches. Street

4. USUAL RESIDENCE (Where deceased lived, If institution; residence

A. STATE

B. COUNTY

before admission)

Maryland.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

Baltimore 29 16-08

D. STREET ADDRESS (If rural, give location)

3918 Gelston Drive

c. Length of stay in Baltimore

77 yrs.

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widower

8. DATE OF BIRTH

May 10, 1875 77

9. AGE (in years

last birthday)

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)

Attendant

10B. KIND OF BUSINESS OR

INDUSTRY

Doctor's Office

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF

WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Manz

14. MOTHER'S MAIDEN NAME

Elizabeth

15. WAS DECEASED EVER IN U. S. ARMED FORCES

(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

217-01-1668A

17. INFORMANT

Herbert Manz, 3918 Gelston Dr.

ADDRESS

18. 151X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Carcinoma of Stomach ?

ANTECEDENT CAUSES

(B)

DUE TO

Unlikely Metastasis

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN
ONSET AND DEATHOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 52, 1953, to 2/19, 1953, that I last saw the
deceased alive on 2/18, 1953, and that death occurred at 4:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

H. W. Wheeler

M. D.

23B. ADDRESS

3921 Edmondson Ave.

23C. DATE SIGNED

2/19/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Feb. 21/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross

24D. LOCATION (City, town, or county)

A.A. Co. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. W. Wheeler

25. FUNERAL DIRECTOR

Harry H. Witzke, 4101 Edmondson Ave.

ADDRESS

53 1917

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1917

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Casey, Mary</i>			2. DATE OF DEATH <i>2-19-53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>md.</i> B. COUNTY <i>27-03</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>38 Univ. Hosp.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 14</i>		
C. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>5120 Hartford Rd.</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>5/3/1886</i>	9. AGE (in years last birthday) <i>66</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework at home</i>			11. BIRTHPLACE (State or foreign country) <i>md. BALTO.</i>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? <i>us</i>		
13. FATHER'S NAME <i>Daniel Casey</i>			14. MOTHER'S MAIDEN NAME <i>Joanna Unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>✓</i>			16. SOCIAL SECURITY NO. <i>—</i>		
17. INFORMANT <i>Michael J. McCulloch</i>			ADDRESS <i>3437</i>		
18. <i>420.1</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>17 myocardial infarct</i> DUE TO (A) <i>12 hrs.</i>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>1st. scl. CVD.</i> DUE TO (B) <i>—</i>					
(C) <i>—</i>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>2-23-53</i>			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2-19</i> , 19 <i>53</i> to <i>2-19</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>2-22</i> , 19 <i>53</i> and that death occurred at <i>9:00</i> a.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>W. S. Slack</i>			23B. ADDRESS <i>U - Hosp.</i>		23C. DATE SIGNED <i>2-19-53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>2/23/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral Lane</i>		24D. LOCATION (City, town, or county) (State) <i>4300 Old Frederick Rd.</i>	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>Huntington</i>		25. FUNERAL DIRECTOR <i>John J. Lawrence</i>	
FEB 20 1953		VS 150		ADDRESS <i>Hollins</i>	

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DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH

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53 1918

53 1918

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FLORENCE E. COLE

2. DATE
OF
DEATH

2/18/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

809 N. ARLINGTON AVE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
BALTIMORE township)

D. STREET ADDRESS (If rural, give location)

809 ARLINGTON AVE

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

12/12/1890

9. AGE (in years
last birthday)

62

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

DOMESTIC

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

HENRY HALL

14. MOTHER'S MAIDEN NAME

MARIA

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NONE

16. SOCIAL
SECURITY NO.

216-07-7313

17. INFORMANT

ADDRESS

3 ROYAL COLE 809 ARLINGTON AV.

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

Uremia

(A)

DUE TO

2 weeks

ANTECEDENT CAUSES

A.H.C.V.R.D

(B)

DUE TO

?

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Jan. 7, 1953, to Feb. 18, 1953, that I last saw the
deceased alive on Feb. 17, 1953, and that death occurred at 11 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

2/20/53

24C. NAME OF CEMETERY OR CREMATORY

BALTO. NAT'L. CEMETERY BALTO. MD.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CHAS. G. COOPER-512 CARROLLTON AV.

720 SA Charles G. Cooper

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly supplied. The correct at is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1918

CERTIFICATE OF DEATH

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JAMES

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

425
53 1919

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1919

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Mrs. Catherine T Elgin

2. DATE
OF
DEATH

2/18/1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Yes

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland.

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Bon Secours Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-20

D. STREET ADDRESS (If rural, give location)

3117 Bancroft Road, Balto-15-Md.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

10/23/1896

9. AGE (in years last birthday)

56

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

Penna.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Straser

14. MOTHER'S MAIDEN NAME

Anna Engel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Madeline E. Schwartz

18. 171X

CAUSE OF DEATH 3117 Bancroft Rd.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

CARCINOMA of CERVIX

8 yrs.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

NONE

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-25, 1953 to 2-18, 1953 that I last saw the deceased alive on 2-18, 1953 and that death occurred at 11:25 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-23-53

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 20 1953

Huntington

Elsworth Armacost

VS 150

4600 Liberty Heights Ave.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1920

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 1920

1. PLACE OF DEATH:
 (a) Baltimore City, Maryland *Balt. 7th*
 (b) Street address *3209 Milford Ave.*
 (c) Hospital or institution: _____
 (d) Length of stay in hospital or inst. (yrs., mos., or days) *0*
 (e) Length of stay in Baltimore (yrs., mos., or days) *40 years*

2. USUAL RESIDENCE OF DECEASED:
 (a) State *MD* (b) County *28-02*
 (c) City or town *Baltimore*
 (If outside city or town limits, write RURAL and give town)
 (d) Street No. *3209 Milford Ave., Balt. 7th*
 (If rural give location)
 (e) Citizen of foreign country? *no* (Yes or No)
 If yes, name country _____

3 (a) FULL NAME *William mini Kleinkenz*

3 (b) If veteran, name war *No* 3 (c) Social Security Account No. _____

4. Sex *M* 5. Color or race *W* 6 (a) Single, married, widowed, or divorced *widowed*

6 (b) Name of husband or wife *Katherine Kleinkenz*
 6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) *April 25, 1887*

8. AGE: Years *65* Months _____ Days _____ If less than one day
 _____ hr. _____ min.

9. Birthplace *Germany*
 (Town, county, and state)

10. Usual Occupation *Baker*

11. Industry or business *Murphy Bakery, Balt.*

12. Name *?*

13. Birthplace *Germany*

14. Maiden Name *?*

15. Birthplace *Germany*

16 (a) Informant *John H. Arenz*

(b) Address *1466 Crompton St. St. Paul, Minn.*

17 (a) *Burial* (b) Date thereof *2-21-53*

(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory *Woodlawn Cemetery*

Location *Woodlawn Md.*

18 (a) Funeral director *E. Esmerworth Annacost*

(b) Address *4600 Liberty Heights Ave.*

19 (a) *FEB 20 1953* (b) *Huntington Williams, M.D.*

(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH *19 Feb* 19*53*, at *10:35 A* M

21. I certify that death occurred on the date above stated; that I attended deceased from *August* 19*52*, to *19 Feb* 19*53*, and that I last saw him alive on *18 Feb* 19*52*.

Immediate cause of death _____ Duration _____

Coronary thrombosis

Due to *Generalized arteriosclerosis*

Due to _____

Other Conditions _____

Bilateral amputation legs

(Include pregnancy within 3 months of death)

Date of operation _____

Major findings of operation: _____

of autopsy: _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide _____

(b) Date of occurrence _____ at _____ M

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____

(Specify type of place)

(e) Means of injury _____

23. Signature *Charles H. Williams, M.D.*

Pickwell & Co. M. D. _____ Date signed *19 Feb 53*

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE

cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

* For additional discussion of this subject see PHYSICIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

53 1922

O'MEARA

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 1922

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Mary D. O'Meara*2. DATE OF DEATH *19 Feb 1963*
3:15 P.m.

3. PLACE OF DEATH:

a. Baltimore City, Maryland *1200 Valley St*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE *Maryland*

b. COUNTY _____

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

78 Little Sisters of the Poor

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Bethesda 10-01

c. Length of stay in Baltimore

*6 yrs*Yrs.
Mos.
Days

d. STREET ADDRESS (If rural, give location)

1200 Valley St

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

5 Jan 1862

9. AGE (in years last birthday)

90

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James Molloy

14. MOTHER'S MAIDEN NAME

Catherine Gorman

15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*Little Sisters of the Poor*18. *443X*DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) *Hypertensive Cardio Vascular Disease*

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

1 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Arterio Sclerosis*

DUE TO

(C) _____

7 yrs

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Feb 1 - 1963*, to *Feb 19 - 1963*, that I last saw the deceased alive on *Feb 19 - 1963*, and that death occurred at *3:15 P.m.*, from the causes and on the date stated above.

23a. SIGNATURE

E. Gill Hall M.D.

M. D.

23b. ADDRESS

1631 E. North Ave

23c. DATE SIGNED

Feb 20 1963

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

Feb 21, 1963

24c. NAME OF CEMETERY OR CREMATORY

Cathedral

24d. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Wiedefeld 900 E. Biddle St

ADDRESS

CERTIFICATE OF DEATH

MAINTAIN IN FULL DEPARTMENT

IN DEPARTMENT

<p>1. NAME OF DECEASED</p>		<p>2. SEX</p>		<p>3. AGE</p>		<p>4. DATE OF BIRTH</p>		<p>5. PLACE OF BIRTH</p>		<p>6. OCCUPATION</p>	
<p>7. MARITAL STATUS</p>		<p>8. EDUCATION</p>		<p>9. RELIGION</p>		<p>10. RACE</p>		<p>11. COLOR</p>		<p>12. ETHNIC ORIGIN</p>	
<p>13. CAUSE OF DEATH</p>		<p>14. MANNER OF DEATH</p>		<p>15. PLACE OF DEATH</p>		<p>16. TIME OF DEATH</p>		<p>17. DATE OF DEATH</p>		<p>18. SIGNATURE OF DECEASED</p>	
<p>19. SIGNATURE OF WITNESS</p>		<p>20. SIGNATURE OF PHYSICIAN</p>		<p>21. SIGNATURE OF CORONER</p>		<p>22. SIGNATURE OF JUDGE</p>		<p>23. SIGNATURE OF CLERK</p>		<p>24. SIGNATURE OF NOTARY</p>	

53 1923

53 1923

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 17th, 1953, to Feb 19th, 1953, that I last saw the
deceased alive on Feb 18th, 1953, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1903

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DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Name of Deceased		Sex		Age		Date of Death	
Place of Birth		Usual Residence		Cause of Death		Manner of Death	
Occupation		Education		Medical History		Post-mortem Examination	
Signature of Physician		Signature of Coroner		Signature of Registrar		Signature of Witness	
Signature of Deceased		Signature of Family		Signature of Friends		Signature of Community	
Signature of Church		Signature of School		Signature of Society		Signature of Association	
Signature of Club		Signature of Union		Signature of League		Signature of Order	
Signature of Lodge		Signature of Chapter		Signature of Temple		Signature of Shrine	
Signature of Council		Signature of District		Signature of Division		Signature of Region	
Signature of Territory		Signature of State		Signature of Nation		Signature of World	

53 1924

53 1924

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

B. DATE OF BIRTH

9. AGE (in years;
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 13 53, to Feb 19 53, that I last saw the
deceased alive on Feb 17 53, and that death occurred at 9a m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1951 8

1951 8

1951 8

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53 1925

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1925

Registered No.

1. NAME OF DECEASED (Type or Print) MARGARET VODORSKY			2. DATE OF DEATH FEB. 18, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) SOUTH BALTIMORE GEN. HOSPITAL.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 22-01		
c. Length of stay in Baltimore 43 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 6 E YORK ST		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	B. DATE OF BIRTH 9/22/05	9. AGE (In years last birthday) 47	H Under 1 Year Months: Days H Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		10B. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (State or foreign country) BALTIMORE, MD		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME HOWARD GIBSON			14. MOTHER'S MAIDEN NAME UNKNOWN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS ALEX VODORSKY 6 E YORK ST.		
18. 443X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) CEREBRAL THROMBOSIS DUE TO ANTECEDENT CAUSES HYPERTENSIVE ARTERIO-SCLEROTIC CARDIO-VASCULAR DISEASE (B) 3 YEARS DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH 16 DAYS
19A. DATE OF OPERATION DONE		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from FEB. 11 , 19 52 , to FEB. 18 , 19 53 , that I last saw the deceased alive on FEB. 18 , 19 53 , and that death occurred at 1:09 P. M. , from the causes and on the date stated above.					
23A. SIGNATURE W. W. Conway		23B. ADDRESS South Balto Gen Hosp		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 2/21/53		24C. NAME OF CEMETERY OR CREMATORY CEDAR HILL	
24D. LOCATION (City, town, or county) (State) RITCHIE HWY		25. FUNERAL DIRECTOR ADDRESS JOHN F. DENNY, INC 715 LIGHT ST.			

1951

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UNITED STATES DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY

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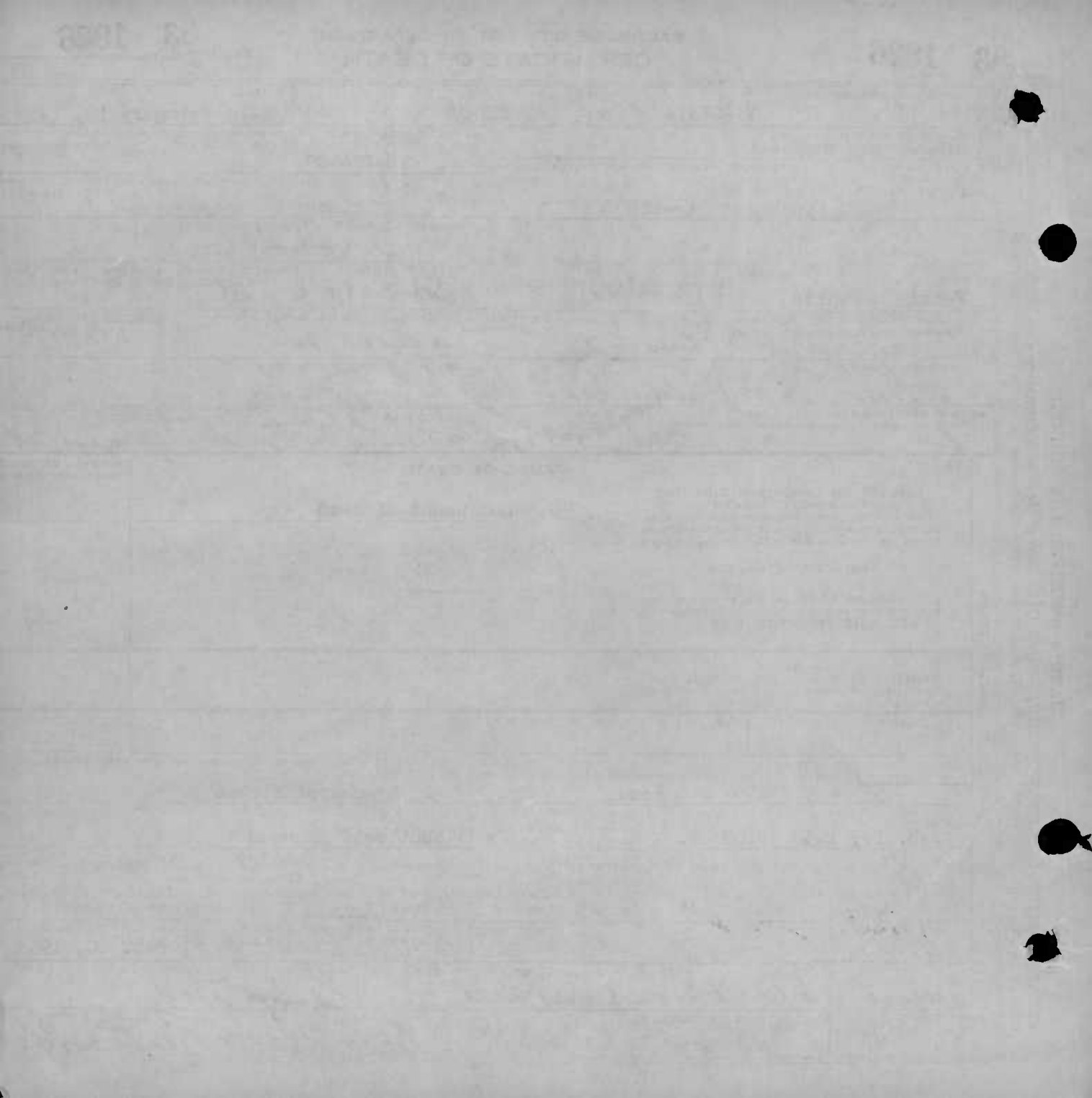
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STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

3001 34



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

53 1927

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1927
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ida Meseke

2. DATE
OF
DEATH

2-18-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Sinai Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Sinai Hospital of Baltimore Inc

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 21-02

D. STREET ADDRESS (If rural, give location)

1120 W. Cross St.

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year

If Under 24 Hours

Female

White

Single

Feb. 4, 1880

73

Months

Days

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

File Clerk (rtd)

Wholesale Drugs

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Fred Meseke

Mary Berg

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Miss Katherine Swoke - 5300 Traymore Rd.

18. *151X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, apnoea, etc. It means the disease, injury or complication which caused death.)

(A) *Peritonitis*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Ca of stomach.*

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

2/5/53

Ca of stomach - gastrectomy

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *19*, to *19*, that I last saw the deceased alive on *2/18, 1953* and that death occurred at *9:43 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Horace W. Burner

Sinai Hospital

2/19/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

2/21/53

Loudon Park Cem.

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

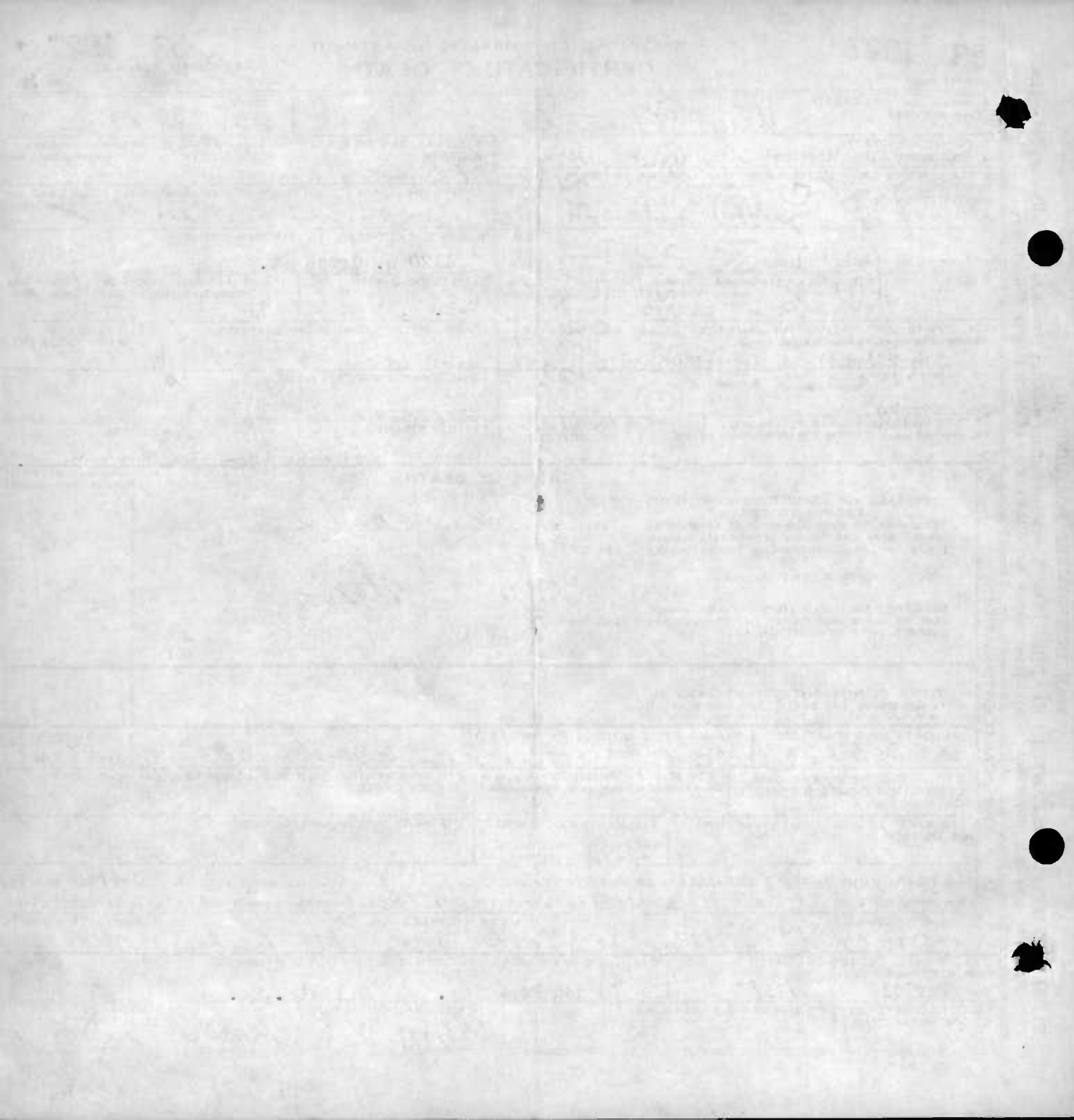
ADDRESS

Huntington Williams, 414 E. M. St. G. E. S. S. & Sons

VS 150

39061

Balto 17, Md.



1938

2

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
WASHINGTON, D. C.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. 53 1929

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)
Marie Kelley Reid
2. DATE
OF
DEATH
Feb 19, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

625 Pitcher st

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

D. STREET ADDRESS (If rural, give location)

625 Pitcher st

c. Length of stay in Baltimore

25 years

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Oct 28, 1900

9. AGE (In years last birthday)

52

 If Under 1 Year Months: Days
 If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House Wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pa

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Larous Carter

14. MOTHER'S MAIDEN NAME

Mary E. Crosby

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Peter Reid 625 Pitcher st
18. *422.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
 (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) *Bronchopneumonia*
DUE TO
4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Chronic Venous disease*
DUE TO
5 months

(C)

 II
 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

 22. I hereby certify that I attended the deceased from *Oct 18*, 19*32* to *Feb 19*, 19*53* that I last saw the deceased alive on *2/19*, 19*53* and that death occurred at *5:50 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burial
Feb 22/53
Huntington Hall
George S. Nelson 1303 Bestman st

1000

STATE OF NEW YORK

CERTIFICATE OF DEATH

<p>1. Name of deceased: _____</p>		<p>2. Sex: _____</p>		<p>3. Age: _____</p>	
<p>4. Date of death: _____</p>		<p>5. Time of death: _____</p>		<p>6. Place of death: _____</p>	
<p>7. Cause of death: _____</p>		<p>8. Manner of death: _____</p>		<p>9. Signature of physician: _____</p>	
<p>10. Signature of registrar: _____</p>		<p>11. Signature of informant: _____</p>		<p>12. Signature of witness: _____</p>	

NEW YORK

1 NAME O

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0021

UTAH STATE DEPARTMENT

0021

(1940)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct and is especially important. Physicians: please write the causes of death clearly and legibly.

<div style="display: flex; justify-content: space-between;"> 5-400 53 1931 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 53 1931 </div>					
BIRTH NO.		1. NAME OF DECEASED (Type or Print) <u>William Norman Sale</u>		2. DATE OF DEATH <u>2-18-53</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Texas</u> B. COUNTY <u>V-40</u>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>U.S. PHS Hospital</u> <u>Baltimore 11, Md.</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Channelview</u>			
c. Length of stay in Baltimore Yrs. <u>?</u> Mos. <u>?</u> Days <u>?</u>		D. STREET ADDRESS (If rural, give location) <u>---</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Div.</u>	8. DATE OF BIRTH <u>May 13, 1903</u>	9. AGE (In years last birthday) <u>49</u>	10. Under 1 Year Months: <u>?</u> Days: <u>?</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Able bodied seaman</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Seafaring</u>		11. BIRTHPLACE (State or foreign country) <u>Minn.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Cliss Sale</u>		14. MOTHER'S MAIDEN NAME <u>Marie Carroll</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>463-09-6754</u>		17. INFORMANT <u>Records, US PHS Hospital, Balto., Md.</u>	
18. <u>490X</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH. (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <u>Lobar pneumonia, right</u> DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks.</u>	
19A. DATE OF OPERATION <u>✓</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>2-17-53</u> 19 <u>53</u> , to <u>Feb. 18</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Feb. 18, 1953</u> , and that death occurred at <u>3:12A</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>J.A. Hunter</u> J.A. Hunter, Med. Dir., Clinical Dir. U.S.		23B. ADDRESS <u>USPHS Hospital, Balto., Md.</u>		23C. DATE SIGNED <u>2-19-53</u>	
24A. BURIAL OR CREMATION REMOVAL (Specify) <u>Removal</u>		24B. DATE <u>2/20/53</u>		24C. NAME OF CEMETERY OR CREMATORY <u>South Pot + Houston Texas</u>	
24D. LOCATION (City, town, or county) (State) <u>Baltimore, Md.</u>		25. FUNERAL DIRECTOR <u>Huntington</u>		ADDRESS <u>608 Inc. 1217 St. Paul St.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>FEB 20 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington</u>			

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53** **1932**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY W. HASTINGS

2. DATE OF DEATH **February 19, 1953**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland**

B. COUNTY **Baltimore**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
4632 York Road

c. Length of stay in Baltimore
Yrs. Mos. Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

October 6, 1874

9. AGE (In years last birthday)

78

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Ret. Tax Assessor

10B. KIND OF BUSINESS OR INDUSTRY
Baltimore City

11. BIRTHPLACE (State or foreign country)

Dorchester County, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Wilmer Hastings

14. MOTHER'S MAIDEN NAME

Wilhelmina Bramble

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
yes **Spanish American**

16. SOCIAL SECURITY NO.
none

17. INFORMANT

ADDRESS

Mrs. Grace R. Hastings, 4632 York Road

18. **420.1**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

MYO CARDIAL INFARCTION

INTERVAL BETWEEN ONSET AND DEATH

1 month

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

GENERAL ARTERIO SCLEROSIS

5 years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

NO ONE

19A. DATE OF OPERATION

NONE

19B. MAJOR FINDINGS OF OPERATION

NONE

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

NONE

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

NONE

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☒

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **October 19, 1952** to **February 19, 1953**, that I last saw the deceased alive on **Jan 31, 1953**, and that death occurred at **10 A. M.**, from the causes and on the date stated above.

23A. SIGNATURE

A. J. Chavout

M. D.

23B. ADDRESS

6210 York Road

23C. DATE SIGNED

Feb 19 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)
burial

24B. DATE

2/21/53

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Mausoleum

24D. LOCATION (City, town, or county)

Baltimore County, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc., 1217 St. Paul Street

FEB 20 1953

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53** 1933

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**RICHARD JOSEPH WASHINGTON**2. DATE
OF
DEATH **2/18/1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)**MARYLAND**B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION **1219 W. LANVALE STREET**C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMOREc. Length of stay in Baltimore **40 YRS.**Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1219 W. LANVALE ST.

5. SEX

M

6. COLOR OR RACE

C7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**MARRIED**

8. DATE OF BIRTH

1/2/18909. AGE (In years
last birthday)**63**If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**HODCARRIER**10B. KIND OF BUSINESS OR
INDUSTRY**CONSTRUCTION**

11. BIRTHPLACE (State or foreign country)

WASHINGTON, D.C.12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

HENRY WASHINGTON

14. MOTHER'S MAIDEN NAME

CARRIE15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**NO****NONE**16. SOCIAL
SECURITY NO.
214-01-177617. INFORMANT **1219 W. LANVALE ST.**
MARGARET MARIE L. WASHINGTON18. **241X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10/3/52**, 19__, to **2/7/53**, that I last saw the
deceased alive on **2/7/53**, and that death occurred at **3A** m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)**BURIAL**

24B. DATE

2/21/53

24C. NAME OF CEMETERY OR CREMATORY

ARBUTUS MEM'L PK.

24D. LOCATION (City, town, or county)

BALTO. COUNTY, MD.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS
CHAS. G. COOPER-512 CARROLLTON AV.

1960

CERTIFICATE OF DEATH

DECEASED

JOHN A. LAMAR

MARYLAND

JOHN A. LAMAR

BETHESDA

JOHN A. LAMAR

JOHN A.

DECEASED

DECEASED

JOHN A.

DECEASED

DECEASED

DECEASED

DECEASED

JOHN A. LAMAR

JOHN A. LAMAR

JOHN A.

DECEASED

[Handwritten signature]

[Faint handwritten text]

[Faint handwritten text]

[Faint handwritten text]

[Handwritten signature]

[Handwritten signature]

JOHN A. LAMAR

JOHN A. LAMAR

JOHN A.

JOHN A. LAMAR

JOHN A.

1951

CHAS. E. HARRIS - CARROLLTON, VA.
JAN. 1, 1951

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered **58** **1935**

BIRTH NO. **53-22338**

1. NAME OF DECEASED (Type or Print) BARBARA BROOKS		2. DATE OF DEATH Feb. 18, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 16-03	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Morgue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore LIFE		D. STREET ADDRESS (If rural, give location) 1702 Edmondson Avenue	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 9/23/1952
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10B. KIND OF BUSINESS OR INDUSTRY INFANT	
13. FATHER'S NAME THEODORE BROOKS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO NO		16. SOCIAL SECURITY NO. -	
17. INFORMANT ELIZABETH BROOKS(M)		ADDRESS 1702 EDMONSON A.	

18. **391.0**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Aspiration of vomitus**

DUE TO **Acute purulent otitis media**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____

DUE TO _____

(C) _____

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE **R. Fisher** M.D. 23B. CHIEF MEDICAL EXAMINER.....☒ 23C. DATE SIGNED **Feb. 18, 1953**
ASSISTANT MEDICAL EXAMINER.....☐ MEDICAL INVESTIGATOR.....☐

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 2/20/53	24C. NAME OF CEMETERY OR CREMATORY MT. AUBURN CEMETERY	24D. LOCATION (City, town, or county) (State) BALTIMORE, MD.
--	-----------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR FEB 20 1953	REGISTRAR'S SIGNATURE Huntington	25. FUNERAL DIRECTOR CHAS. G. COOPER-512 CARROLLTON AV.
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB-168733

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1936

BIRTH NO. 53 1936

1. NAME OF DECEASED (Type or Print) Jerry Warren			2. DATE OF DEATH Feb. 17-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write R.R. and give township) Baltimore		
c. Length of stay in Baltimore 25 to 30 yrs.			D. STREET ADDRESS (If rural, give location) 1800 W. Franklin St.		
5. SEX M	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH ?		9. AGE (In years, last birthday) ???
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNEMPLOYED		10B. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) North Carolina		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME CHARLES WARREN			14. MOTHER'S MAIDEN NAME ELIZABETH		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT ADDRESS Records: Baltimore City Hospitals 4940 Eastern Ave.		
18. 177x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of the Prostate with Metastasis to Pelvis and Spine DUE TO Chronic Pyelonephritis DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-3 , 19 52 , to 2-17 , 19 53 that I last saw the deceased alive on 2-17 , 19 53 , and that death occurred at 2:15 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE H. C. Johnson		23B. ADDRESS 4940 Eastern Ave. Baltimore, Md.		23C. DATE SIGNED 2-17-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 2/21/53		24C. NAME OF CEMETERY OR CREMATORY ARBUTUS MEM'L PK.	
24D. LOCATION (City, town, or county) (State) BALTO. COUNTY, MD.		24E. DATE RECEIVED BY LOCAL REGISTRAR FEB 20 1953		24F. REGISTRAR'S SIGNATURE Huntington	
24G. FUNERAL DIRECTOR CHAS. G. COOPER		24H. ADDRESS 512 CARROLLTON AV.		24I. SIGNATURE Charles G. Cooper	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 1937
Registered No.

BIRTH NO. 1249.

1. NAME OF DECEASED
(Type or Print)

GEORGE FRANK

2. DATE
OF
DEATH

2/19/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore Md

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

The Doctors Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 27-03

D. STREET ADDRESS (If rural, give location)

2900 Southern Ave.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Nov. 7-1880

9. AGE (in years, last birthday)

72 yr.

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Printer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

WILHELM FRANK

14. MOTHER'S MAIDEN NAME

Caroline MASIEL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Lucy Franke - Southern

18. **420.0**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Myocardial Infarction

DUE TO

ANTECEDENT CAUSES

Arteriosclerotic Heart Disease

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

General Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **6-30-1952** to **2-19-1953** that I last saw the deceased alive on **2-19-1953** and that death occurred at **7:40 p. m.** from the causes and on the date stated above.

23A. SIGNATURE

Edwin L. Levy

M. D.

23B. ADDRESS

2322 Canton Place

23C. DATE SIGNED

2-20-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/23/53

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cem

24D. LOCATION (City, town, or county)

BALTO Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 20 1953

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

J. J. Buck

ADDRESS

5305 Harford Rd

VS 150

5124M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1907
NATIONAL BUREAU OF HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Levi

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct date is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 1938
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Freeland, Charles Cornelius

2. DATE
OF
DEATH

February 20, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

St. Joseph's

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

2523 Hamilton Avenue

c. Length of stay in Baltimore

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Aug. 15-1880

9. AGE (In years last birthday)

72

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Carroll Freeland

14. MOTHER'S MAIDEN NAME

Edna Elizabeth Canoles

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Preston Freeland - HAMLET 5410

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Myocardial Infarction

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from February 1, 1953 to February 20, 1953, that I last saw the deceased alive on Feb. 20, 1953, and that death occurred at 6:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

R. J. Bailey

23B. ADDRESS

1400 N. Caroline St.

23C. DATE SIGNED

Feb. 20, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

2-23-53

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cem.

24D. LOCATION (City, town, or county)

BALTO

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 20 1953

Huntington

5305

Harford Rd

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
OFFICE OF THE REGISTRAR OF DEATHS

CAUSE OF DEATH

DEPARTMENT OF HEALTH

REGISTRATION

DEPARTMENT OF HEALTH

REGISTRATION

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct date is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 1939**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANCES C. RIGGIN Frances C. Riggin

2. DATE OF DEATH

2-18-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Baltimore, Md**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland** B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Doctors Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1437 S. Charles St.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE (MARRIED)

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Jan. 10, 1914

9. AGE (in years last birthday)

39

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Sausage maker

10B. KIND OF BUSINESS OR INDUSTRY

Schulerburg-Kurdle

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Ulrich Menzele

14. MOTHER'S MAIDEN NAME

Mary Schmidt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

John V. Riggin 1437 S. Charles St.

18.

340.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Serous Meningo-Encephalitis

INTERVAL BETWEEN ONSET AND DEATH

8 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Influenza

8 days

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Bronchial pneumonia

6 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2-13**, 19**53** to **2-18**, 19**53** that I last saw the deceased alive on **2-18**, 19**53**, and that death occurred at **2-18** a.m., from the causes and on the date stated above.

23A. SIGNATURE

Vincent M. Messine

M. D.

23B. ADDRESS

1403 S. Charles St.

23C. DATE SIGNED

2-18-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 21, 1953

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Old Frederick Rd. Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 20 1953

Huntington 1915 3 1/2

KRAUSE FUNERAL HOME 1216 S. Charles St.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53** **1940**

BIRTH NO. **53**

1. NAME OF DECEASED (Type or Print) **JOHN J GRINEVICIUS** 2. DATE OF DEATH **February 19, 1953**

3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE **Maryland** B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION **St. Agnes Hospital** C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Baltimore**

D. STREET ADDRESS (If rural, give location) **1313 Hollins Street** c. Length of stay in Baltimore **45** Yrs. Mos. Days

5. SEX **Male** 6. COLOR OR RACE **White** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **married** 8. DATE OF BIRTH **1884** 9. AGE (In years last birthday) **69** If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Tailor** 10B. KIND OF BUSINESS OR INDUSTRY **COAT-MAKER** 11. BIRTHPLACE (State or foreign country) **LITHUANIA** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13. FATHER'S NAME **Jukunov** 14. MOTHER'S MAIDEN NAME **Jukunov**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) **No** 16. SOCIAL SECURITY NO. **216-07-8765** 17. INFORMANT **Wm Greenwich** ADDRESS **1313 Hollins St.**

18. **464X and E812.4** CAUSE OF DEATH **Thrombophlebitis of left iliac vein** DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) **XXXXXX**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. **XXXXXX** (B) **Pulmonary embolus** (C) **Lobar pneumonia of left lower lobe**

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **12/31/52** 19B. MAJOR FINDINGS OF OPERATION **Laceration of left knee** 20. AUTOPSY? YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Street** 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) **Lombard and Carey Streets**

21D. TIME (Month) (Day) (Year) (Hour) **Dec. 31, 1952** 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒ 21F. HOW DID INJURY OCCUR? **Pedestrian struck by automobile**

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE **William J. Brown** 23B. CHIEF MEDICAL EXAMINER..... ☐ ASSISTANT MEDICAL EXAMINER..... ☒ MEDICAL INVESTIGATOR..... ☐ 23C. DATE SIGNED **Feb. 19, 1953**

24A. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24B. DATE **FEB. 23, 1953** 24C. NAME OF CEMETERY OR CREMATORY **HOLY REDEEMER** 24D. LOCATION (City, town, or county) (State) **BELAIR RD. MD.**

DATE RECEIVED BY LOCAL REGISTRAR **FEB 20 1953** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **CHARLES W. TACHAUSKAS** ADDRESS **703 McHENRY ST.**

V S 151 **N 891.2** **590 4G**

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

0551 35

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

0551 35



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1941

1. NAME OF DECEASED (Type or Print) Alfred Denison, Alfred Denson		2. DATE OF DEATH 2-19-53	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Md. b. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospital 4940 Eastern Ave.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life		d. STREET ADDRESS (If rural, give location) 3314 Strickland St. (B. C. H. Infirm.)	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 23, 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) 74	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME ALFRED ** John Denison X Denson		12. CITIZEN OF WHAT COUNTRY? U S A	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No. *****		14. MOTHER'S MAIDEN NAME Catherine Moran	
16. SOCIAL SECURITY NO. None		17. INFORMANT ADDRESS B. C. h. Records, 4940 Eastern Ave.	
18. 443X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Myocardial Infarction DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Hypertensive Cardio Vascular Disease DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH 30 min.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			years
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-12-42 , 19__, to Feb. 19 , 19 53 that I last saw the deceased alive on Feb. 19 , 19 53 and that death occurred at 12noon. , from the causes and on the date stated above.			
23a. SIGNATURE H. C. Jones		23b. ADDRESS 4940 Eastern Ave.	
23c. DATE SIGNED 2-19-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB:21:1953	
24c. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.		24d. LOCATION (City, town, or county) (State) Baltimore Maryland	
DATE RECEIVED BY LOCAL REGISTRAR FEB 20 1953		REGISTRAR'S SIGNATURE Thurston	
F. B. WIPPERT & SON 1300 Eutaw Pl. 17		F. B. WIPPERT & SON 1300 Eutaw Pl. 17	

1961

27

STATE OF NEW YORK
DEPARTMENT OF HEALTH

1-1000

1-1000

State of New York, County of ...

... of ...

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CAUSE OF DEATH

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MAF-167942

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53. 1942

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lydia Prevost

2. DATE
OF
DEATH

Feb. 19, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE Maryland

B. COUNTY Baltimore

5. FULL NAME OF (If not in hospital or institution, give street address or location)

Baltimore City Hospitals
4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3015 Woodside Ave.

c. Length of stay in Baltimore

60 yrs.

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Wid.

8. DATE OF BIRTH

Aug. 17, 1862

9. AGE (In years
last birthday)

90

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Michael Frey

14. MOTHER'S MAIDEN NAME

Lydia Frey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Records: Balto. City Hospitals
4940 Eastern Ave.

18. E 904.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Fracture Right Hip

DUE TO

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Bronchopneumonia

DUE TO

Generalized Arteriosclerosis

(C)

CERTIFICATION APPROVED BY

W. J. ... M. D.

CHIEF OR ASST. MEDICAL EXAMINER.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☒ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

at home

21C. WHERE DID (If in Baltimore City, give exact location)

3015 Woodside Avenue, Baltimore, Md.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

2/15/53 12:00 Noon

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☒

21F. HOW DID INJURY OCCUR?

Fell in Bedroom to floor

22. I hereby certify that I attended the deceased from 2-18, 1953, to 2-19, 1953 that I last saw the
deceased alive on 2-19, 1953, and that death occurred at 8:30p m., from the causes and on the date stated above.

23A. SIGNATURE

H. C. ... M. D.

23B. ADDRESS

4940 Eastern Ave. Balto. Md.

23C. DATE SIGNED

2-19-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

2/23/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon National Cemetery, Baltimore,

24D. LOCATION (City, town, or county)

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 20 1953

Huntington ... 1217 St. Paul Street

VS 150

To be approved by Medical Examiner

Released to B.C.H. by M.E.
to Dr. DeMoraes

N 820.0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

MINISTRE DU SANTE
CERTIFICATE OF DEATH

1910

1910

1910

CAUSE OF DEATH

1910

1910

1910

1910

1910

1910

1910

1910

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1943

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James S. Pumphrey

2. DATE OF DEATH

Thurs. - Feb 19, 1953

3. PLACE OF DEATH

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

226 E. Barney St

C. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write B.U.A. and give township)

Baltimore 24-04

D. STREET ADDRESS (If rural, give location)

226 E Barney St

c. Length of stay in Baltimore 27 yrs

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb 26, 1879

9. AGE (In years last birthday)

73

If Under 1 Year Months: Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret. Night Watchman

10B. KIND OF BUSINESS OR INDUSTRY

Ret. Time Mgrs

11. BIRTHPLACE (State or foreign country)

Anne Arundel Co. Md

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Walter Pumphrey

14. MOTHER'S MAIDEN NAME

Mary Meyers

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

216-07-5411

17. INFORMANT

Mrs. Bertha G. Pumphrey (wife) Jane

ADDRESS

18. 443X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Hypertensive cardiac - vascular disease.

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

1 1/2 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Chronic asthmatic bronchitis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/7, 1951, to 2/19, 1953, that I last saw the deceased alive on 2/18, 1953, and that death occurred at 4:18 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Harry Deibel

23B. ADDRESS

1226 Hanover St.

23C. DATE SIGNED

2/19/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb 21, 1953

24C. NAME OF CEMETERY OR CREMATORY

Leodor Hill Cem

24D. LOCATION (City, town, or county)

Brooklyn G & Co. Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 20 1953

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Howard Egan

ADDRESS

1400 S 7634 F

STATE OF NEW YORK
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

CAUSE OF DEATH

1. I hereby certify that the above is a true and correct statement of the cause of death of the deceased, as far as I am able to ascertain, and that the same is in accordance with the findings of the medical examiner or other qualified person.

2. I hereby certify that the above is a true and correct statement of the cause of death of the deceased, as far as I am able to ascertain, and that the same is in accordance with the findings of the medical examiner or other qualified person.

3. I hereby certify that the above is a true and correct statement of the cause of death of the deceased, as far as I am able to ascertain, and that the same is in accordance with the findings of the medical examiner or other qualified person.

4. I hereby certify that the above is a true and correct statement of the cause of death of the deceased, as far as I am able to ascertain, and that the same is in accordance with the findings of the medical examiner or other qualified person.

5. I hereby certify that the above is a true and correct statement of the cause of death of the deceased, as far as I am able to ascertain, and that the same is in accordance with the findings of the medical examiner or other qualified person.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 1944

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

David Hughes

2. DATE OF DEATH *20 Feb. 1953*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE *Maryland* B. COUNTY *Baltimore*

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION *1714 S. Charles St*

C. CITY OR TOWN (If outside corporate limits, write FULL and give township)
Baltimore

C. Length of stay in Baltimore *Life*

D. STREET ADDRESS (If rural, give location)
1714 S. Charles St

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Feb. 7/1881

9. AGE (In years last birthday)

72

If Under 1 Year Months: Days

- -

If Under 24 Hours Hours: Min.

- -

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Elevator Maintenance Man

10B. KIND OF BUSINESS OR INDUSTRY
Office Bldg.

11. BIRTHPLACE (State or foreign country)
Baltimore Md

12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME
George Hughes

14. MOTHER'S MAIDEN NAME
Elizabeth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mrs. Anna G. Hughes (Wife) Same

18. *420.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) *Myocardial Infarction*

6 Mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Arteriosclerosis*

several

(C) *Coronary Vascular Disease*

years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Dec 19*, to *Feb 20*, 19*53*, that I last saw the deceased alive on *2/17*, 19*53*, and that death occurred at *Baltimore*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE - *Mon. Feb. 23, 1953*

24C. NAME OF CEMETERY OR CREMATORY
Oaklawn Cem

24D. LOCATION (City, town, or county) (State)
Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 20 1953

Huntington *Howard Evans*

1500 S. Charles St Baltimore 30 Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1941

25

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1941

<p>1. Name of deceased</p>		<p>2. Sex</p>		<p>3. Age</p>	
<p>4. Date of death</p>		<p>5. Time of death</p>		<p>6. Place of death</p>	
<p>7. Cause of death</p>		<p>8. Manner of death</p>		<p>9. Signature of physician</p>	
<p>10. Signature of registrar</p>		<p>11. Signature of informant</p>		<p>12. Signature of witness</p>	
<p>13. Signature of funeral director</p>		<p>14. Signature of undertaker</p>		<p>15. Signature of cemetery</p>	
<p>16. Signature of health officer</p>		<p>17. Signature of coroner</p>		<p>18. Signature of jury</p>	
<p>19. Signature of jury</p>		<p>20. Signature of jury</p>		<p>21. Signature of jury</p>	
<p>22. Signature of jury</p>		<p>23. Signature of jury</p>		<p>24. Signature of jury</p>	
<p>25. Signature of jury</p>		<p>26. Signature of jury</p>		<p>27. Signature of jury</p>	
<p>28. Signature of jury</p>		<p>29. Signature of jury</p>		<p>30. Signature of jury</p>	
<p>31. Signature of jury</p>		<p>32. Signature of jury</p>		<p>33. Signature of jury</p>	
<p>34. Signature of jury</p>		<p>35. Signature of jury</p>		<p>36. Signature of jury</p>	
<p>37. Signature of jury</p>		<p>38. Signature of jury</p>		<p>39. Signature of jury</p>	
<p>40. Signature of jury</p>		<p>41. Signature of jury</p>		<p>42. Signature of jury</p>	
<p>43. Signature of jury</p>		<p>44. Signature of jury</p>		<p>45. Signature of jury</p>	
<p>46. Signature of jury</p>		<p>47. Signature of jury</p>		<p>48. Signature of jury</p>	
<p>49. Signature of jury</p>		<p>50. Signature of jury</p>		<p>51. Signature of jury</p>	
<p>52. Signature of jury</p>		<p>53. Signature of jury</p>		<p>54. Signature of jury</p>	
<p>55. Signature of jury</p>		<p>56. Signature of jury</p>		<p>57. Signature of jury</p>	
<p>58. Signature of jury</p>		<p>59. Signature of jury</p>		<p>60. Signature of jury</p>	
<p>61. Signature of jury</p>		<p>62. Signature of jury</p>		<p>63. Signature of jury</p>	
<p>64. Signature of jury</p>		<p>65. Signature of jury</p>		<p>66. Signature of jury</p>	
<p>67. Signature of jury</p>		<p>68. Signature of jury</p>		<p>69. Signature of jury</p>	
<p>70. Signature of jury</p>		<p>71. Signature of jury</p>		<p>72. Signature of jury</p>	
<p>73. Signature of jury</p>		<p>74. Signature of jury</p>		<p>75. Signature of jury</p>	
<p>76. Signature of jury</p>		<p>77. Signature of jury</p>		<p>78. Signature of jury</p>	
<p>79. Signature of jury</p>		<p>80. Signature of jury</p>		<p>81. Signature of jury</p>	
<p>82. Signature of jury</p>		<p>83. Signature of jury</p>		<p>84. Signature of jury</p>	
<p>85. Signature of jury</p>		<p>86. Signature of jury</p>		<p>87. Signature of jury</p>	
<p>88. Signature of jury</p>		<p>89. Signature of jury</p>		<p>90. Signature of jury</p>	
<p>91. Signature of jury</p>		<p>92. Signature of jury</p>		<p>93. Signature of jury</p>	
<p>94. Signature of jury</p>		<p>95. Signature of jury</p>		<p>96. Signature of jury</p>	
<p>97. Signature of jury</p>		<p>98. Signature of jury</p>		<p>99. Signature of jury</p>	
<p>100. Signature of jury</p>		<p>101. Signature of jury</p>		<p>102. Signature of jury</p>	

R-560
53 1945

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1945

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Perilla Smith Raynor

2. DATE
OF
DEATH

Feb. 17, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

27 N. Carey St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

1801 Smallwood St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

March 7, 1894

9. AGE (In years last birthday)

58

If Under 1 Year Months: Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Dunn N.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Creed Smith

14. MOTHER'S MAIDEN NAME

Rose Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Flora Smith

ADDRESS

Smallwood St

18. *332X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

Cerebral Thrombosis

?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1-25* 19*53*, to *2-17* 19*53*, that I last saw the deceased alive on *2-17* 19*53*, and that death occurred at *4:30* p.m., from the causes and on the date stated above.

23A. SIGNATURE

Clarence P. Mossende

M. D.

23B. ADDRESS

2309 David Hill Dr

23C. DATE SIGNED

2-20-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/21/1953

24C. NAME OF CEMETERY OR CREMATORY

Abolus Memorial

24D. LOCATION (City, town or county)

Abolus Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 20 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs Kate R. Williams

ADDRESS

322 N. Schroeder St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 1946**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Florence Marshall Hood

2. DATE
OF
DEATH

Feb. 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE **Maryland** B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

906 W. Fairmount Ave.

C. CITY OR TOWN (If outside corporate limits, with RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
906 W. Fairmount Avenue

C. Length of stay in Baltimore **unknown**

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

June 4, 1884

9. AGE (in years last birthday)

68

10 Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House Wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Currie, U. C.

12. CITIZEN OF WHAT COUNTRY?
U. S. A.

13. FATHER'S NAME

John Marshall

14. MOTHER'S MAIDEN NAME

Helen Henry

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
unknown

17. INFORMANT ADDRESS
Claudia Miles-1639 Bentalow St.

18. **442X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Chronic Cardio Vascular**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Renal Disease**

DUE TO

(C) **Uremic Coma**

INTERVAL BETWEEN ONSET AND DEATH

2 yrs.

2 days

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **February 1, 1953** to **February 18, 1953**, that I last saw the deceased alive on **February 17, 1953**, and that death occurred at **12:30 P. M.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

600 N. Arlington Avenue

2-18-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Feb 20 1953

Huntington

Mrs. Katie R. Williams

Scholar St.

MARGIN RESERVED FOR BINDING

PLEASE TYPE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. correct age especially important. Physicians: please write the causes of death clearly and legibly.

DEPARTMENT OF HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1918



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1947

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES D SULLIVAN

2. DATE OF DEATH February 19, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

717 E. 34th Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Oct. 2, 1879

9. AGE (In years last birthday)

73

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Clerk

10B. KIND OF BUSINESS OR INDUSTRY

Vet. Adm.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Timothy Sullivan

14. MOTHER'S MAIDEN NAME

Mary Gainty

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

?

???

??

16. SOCIAL SECURITY NO.

?

?

17. INFORMANT

ADDRESS

Union Mem. Hosp. Calvert & 33rd St

18. 610X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Massive hemorrhage following
~~transurethral~~ transurethral prostatic resection

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Pyelonephritis
~~Arteriosclerotic cardiovascular disease~~II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.Multiple fractures of the ribs
Head injury
12/10/52

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Union Memorial Hospital 33rd and Calvert Streets

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

February 19, 1953

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Massive hemorrhage following transurethral prostatic resection

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐ ASSISTANT MEDICAL EXAMINER.....☒ MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED Feb. 20, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/23/53

24C. NAME OF CEMETERY OR CREMATORY

New Catholic Cem.

24D. LOCATION (City, town, or county) (State)

Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John A. Moran

ADDRESS

3000 E. Balto. H

VS 151

390911

Per H. Lewis

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1901

THE STATE OF NEW YORK

1901

NEW YORK

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

53 1948

1. PLACE OF DEATH- COUNTY <u>Baltimore City</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Catonsville Baltimore City</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Baltimore</u>	
TOWN <u>Baltimore City</u>		TOWN <u>Baltimore</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Hood Convalescent Home 5313 Edmondson Ave.</u>		STREET ADDRESS <u>1321 Hollins St.</u>	
3. NAME OF DECEASED (Type or Print) <u>Loula E. Gray</u>		4. DATE OF DEATH (Month) <u>February</u> (Day) <u>13</u> (Year) <u>1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 27, 1865</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	9. AGE last birthday <u>87 yrs</u> yrs. <u>19</u> Moths. <u>03</u> Days <u>19</u> Hours <u>03</u> Min.
11. BIRTHPLACE (State or foreign country) <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>United States</u>	
13. FATHER'S NAME <u>Edward Pegg</u>		14. MOTHER'S MAIDEN NAME <u>Rebecca Elliott</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If year, give war or dates of service)		16. SOCIAL SECURITY No. <u>No</u>	
17. INFORMANT AND ADDRESS <u>Mr. H. Osbourne Gray, 1201 Ten Oak Ave. Arbutus, Md.</u>			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Hypostatic Pneumonia</u>			<u>2 days</u>
Antecedent cause(s) (b) <u>Healed Fracture of neck of femur</u>			<u>2 yrs.</u>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>0</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT (Specify) <u>SUICIDE</u>		PLACE (Home, farm, factory, street, office bldg., etc.) <u>INJURY</u>	
TIME (Month) (Day) (Year) (Hour) <u>16/53</u>		HOW DID INJURY OCCUR?	
INJURY <u>While at Work</u>		<input type="checkbox"/> <u>Not While At work</u>	

22. I hereby certify that I attended the deceased from Jan, 1950, to Feb 13, 1953, that I last saw the deceased alive on Feb 13, 1953, and that death occurred at P. m., from the causes and on the date stated above.

SIGNATURE Abram Goldman, M.D. **ADDRESS** 206 S. Gilmer St. **DATE SIGNED** Feb 14, 53

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>Feb. 17, 1953</u>	NAME OF CEMETERY OR CREMATORY <u>Lorraine Cemetery</u>	LOCATION (City, town, or county) (State) <u>Woodlawn, Md.</u>
DATE REC'D BY LOCAL REG. <u>2/16/53</u>	REGISTRAR'S SIGNATURE <u>a w. [illegible]</u>	Funeral Director <u>Shells Lamoreau</u>	ADDRESS <u>4510 Liberty Heights Ave.</u>

FEB 20 1953 Huntington [illegible] N-1820.9

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1949
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alfonso Pastore

2. DATE
OF
DEATH

Feb. 18 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3102 Fleet St.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
MarylandC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

3102 Fleet St.

c. Length of stay in Baltimore

60 Yrs.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

May 25 1861

9. AGE (In years
last birthday)

91

If Under 1 Year
Months: Days

8

If Under 24 Hours
Hours: Min.

24

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Labor (Retired)

10B. KIND OF BUSINESS OR
INDUSTRY

Balt. Tran. Co.

11. BIRTHPLACE (State or foreign country)

Nusco-Avellino (Italy)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Celestino Pastore

14. MOTHER'S MAIDEN NAME

Carmela Natale

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Stephen Pastore 3102 Fleet St.

18.

422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Arteriosclerotic Cardiovascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Generalized Arteriosclerosis

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-3-52, 19, to 2-18-53, 19, that I last saw the
deceased alive on 2-7-53, 19, and that death occurred at 5:15 pm., from the causes and on the date stated above.

23A. SIGNATURE

John Constantine

M. D.

23B. ADDRESS

234 S. Conkling Street

23C. DATE SIGNED

2-20-53

24A. BURIAL/CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 21st/53

24C. NAME OF CEMETERY OR CREMATORY

St. Stanislaus Cem.

24D. LOCATION (City, town, or county)

1300 Dundalk Ave Balt. Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

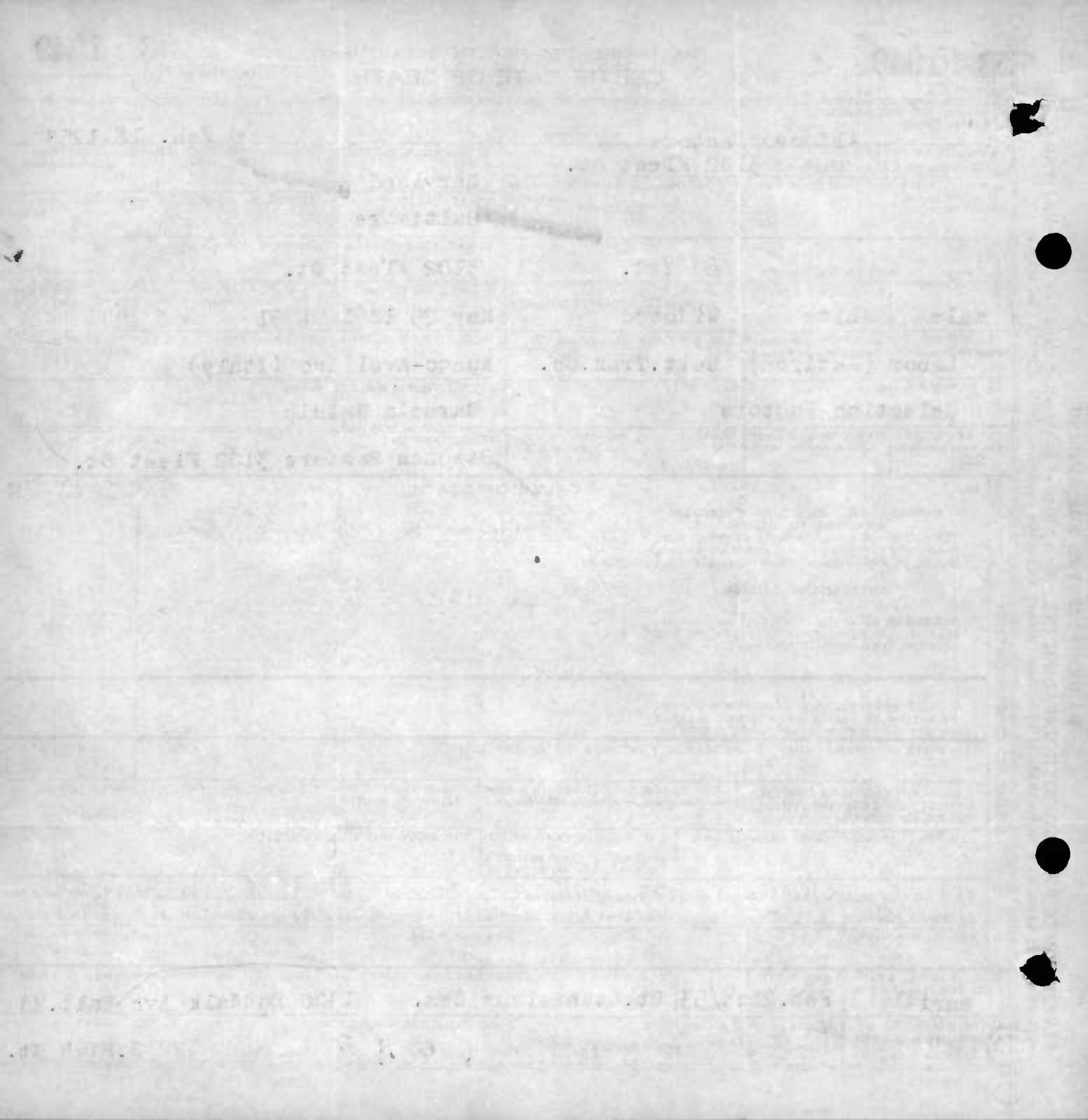
REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

ADDRESS

Frank Della Voce 322 S. High St.



53 1950

BALTIMORE CITY HEALTH DEPARTMENT

53 1950

Registered No. _____

BIRTH NO. 53-06974

CERTIFICATE OF DEATH

1. NAME OF DECEASED
(Type or Print)

Stevenson Baby Girl

2. DATE
OF
DEATH

2-20-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore Md

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Doctors Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2408 Lakeview Ave

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Baby Girl

8. DATE OF BIRTH

2-19-53

9. AGE (in years last birthday)

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

1

2

10A. USUAL OCCUPATION (Give kind of work done during most of working life, or on if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Infant.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Wm C Stevenson

14. MOTHER'S MAIDEN NAME

Anna Dell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Wm C Stevenson-2408 Lakeview Ave

18. 752X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Internal Hydrocephalus

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Congenital anomalies

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2-19-53 to 2-20-53 that I last saw the deceased alive on 2-20-53 and that death occurred at 8:53 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Lou Blaw

M. D.

23B. ADDRESS

2770 1 Ave +

23C. DATE SIGNED

2/20/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 21 1953

Huntington Park, Md

W F Clark Inc Baltimore Md

1950

12

MINNESOTA DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

MAILED

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1951

53 1951

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anthony Serio

2. DATE
OF
DEATH

Feb. 20 1953

3. PLACE OF DEATH:

Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

Anne Arundel

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Maryland General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Glenburnie

5200

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

50

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 20, 1879

9. AGE (In years
last birthday)

78

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Barber

10B. KIND OF BUSINESS OR
INDUSTRY

Self

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Sam Serio

14. MOTHER'S MAIDEN NAME

Consetta Serio

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

213-34-2806

17. INFORMANT

ADDRESS

S. G. Serio

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Arteriosclerotic cardiovascular

DUE TO

disease & cardiac decompensation

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 19, 1953, to Feb. 20, 1953, that I last saw the
deceased alive on Feb. 20, 1953, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

S. G. Serio

23B. ADDRESS

Md. General Hospital

23C. DATE SIGNED

Feb. 20 '53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb 23-53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedralbury

24D. LOCATION (City, town, or county)

Baltimore City

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

B. G. F. F. F.

ADDRESS

Glen Burnie Md

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1952

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Leo KLEIN

2. DATE
OF
DEATH

2-19-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Doctors Hospital

C. CITY OR TOWN (If outside corporate limits, write LOCAL and give township)

Baltimore

c. Length of stay in Baltimore

20 yrs.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3904 Hillsdale Rd

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1891

9. AGE (In years
last birthday)

61

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Manager

10B. KIND OF BUSINESS OR
INDUSTRY

Office

11. BIRTHPLACE (State or foreign country)

N.Y.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Isadore Klein

14. MOTHER'S MAIDEN NAME

Antionnelle Toni ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Augusta Klein - 3904 Hillsdale Rd

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

1 1/2 days

DUE TO

ANTECEDENT CAUSES

(B)

Arteriosclerosis & Hypertension

?

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

General arteriosclerosis

?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic Heart Disease

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 2-17-1953, to 2-19-1953, that I last saw the
deceased alive on 2-19-1953, and that death occurred at 4:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

A. G. Inoué

23B. ADDRESS

1105 N. Calvert St

23C. DATE SIGNED

2-20-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial Feb 22, 1953 Baltimore Hebrew Cemetery

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

29073

SECT 10

INSTITUTIONAL AND SOCIAL SERVICES
CERTIFICATE OF DEATH

100

6



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1953

1. NAME OF DECEASED
(Type or Print)

JOAN

HALL

2. DATE
OF
DEATH February 19, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF _____ (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Reisterstown

D. STREET ADDRESS (If rural, give location)

Longneck Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

May 6, 1949

9. AGE (In years
last birthday)

3 years

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore City Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Mack

14. MOTHER'S MAIDEN NAME

Elizabeth Hall

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Elizabeth Hall Reisterstown

18. E824.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Fracture dislocation of first cervical
vertebra

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Complete transection of cord
Skull fracture

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Road

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Reisterstown Road, Pikesville, Md.

21a. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Feb. 19, 1953 2:00 P. m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell from back seat of automobile

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Smith

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....23C. DATE SIGNED
Feb. 20, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2-22-53

24C. NAME OF CEMETERY OR CREMATORY

Piney Grove

24D. LOCATION (City, town, or county)

Bact. Co. Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 21 1953

REGISTRAR'S SIGNATURE

Huntington Hall

25. FUNERAL DIRECTOR

Mrs. G. A. Hensley

ADDRESS

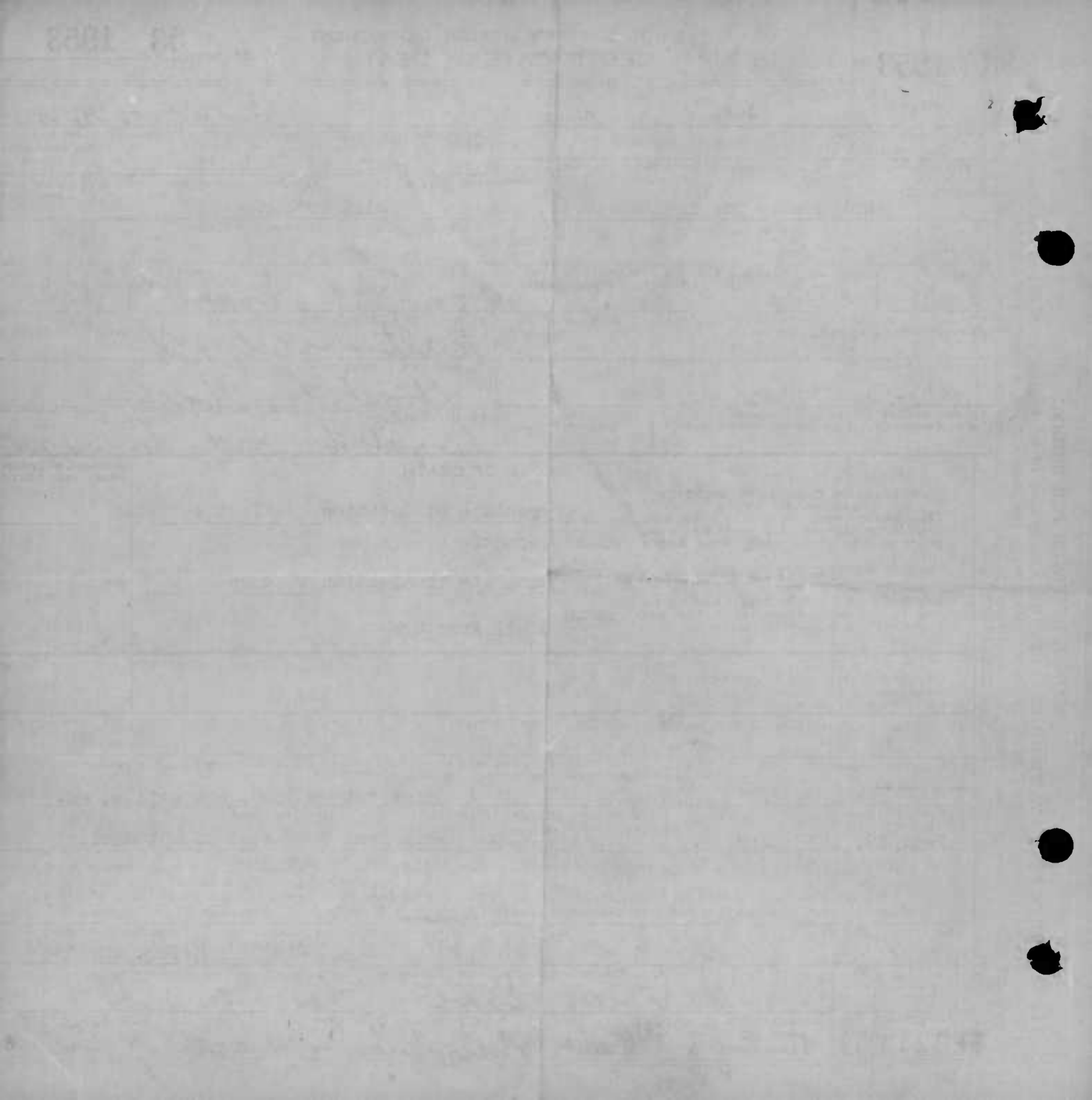
538

VS 151

N 804.2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1954

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ida E. Hilleary

2. DATE
OF
DEATH

Feb. 20 '1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Md. General Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

203 Westowne Road 5300

5. SEX

F.

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Sept. 23 1887

9. AGE (in years last birthday)

65

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

American

13. FATHER'S NAME

John R. Hall Martin

14. MOTHER'S MAIDEN NAME

Augusta Meade

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

John R. Hilleary, 203 Westowne Rd.

18. 422.1 and 260X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) Central vascular accident

DUE TO i lgt. v. l. Emphysema

(B) Diabetes mellitus

DUE TO Arteriosclerotic cardiovascular disease

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 2, 1953, to Feb. 20, 1953, that I last saw the deceased alive on Feb. 20, 1953, and that death occurred at 5:45 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Geo. J. Lee

M. D.

23B. ADDRESS

Md. General Hospital

23C. DATE SIGNED

Feb. 20 '53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 23/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore 29, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Hallman

25. FUNERAL DIRECTOR

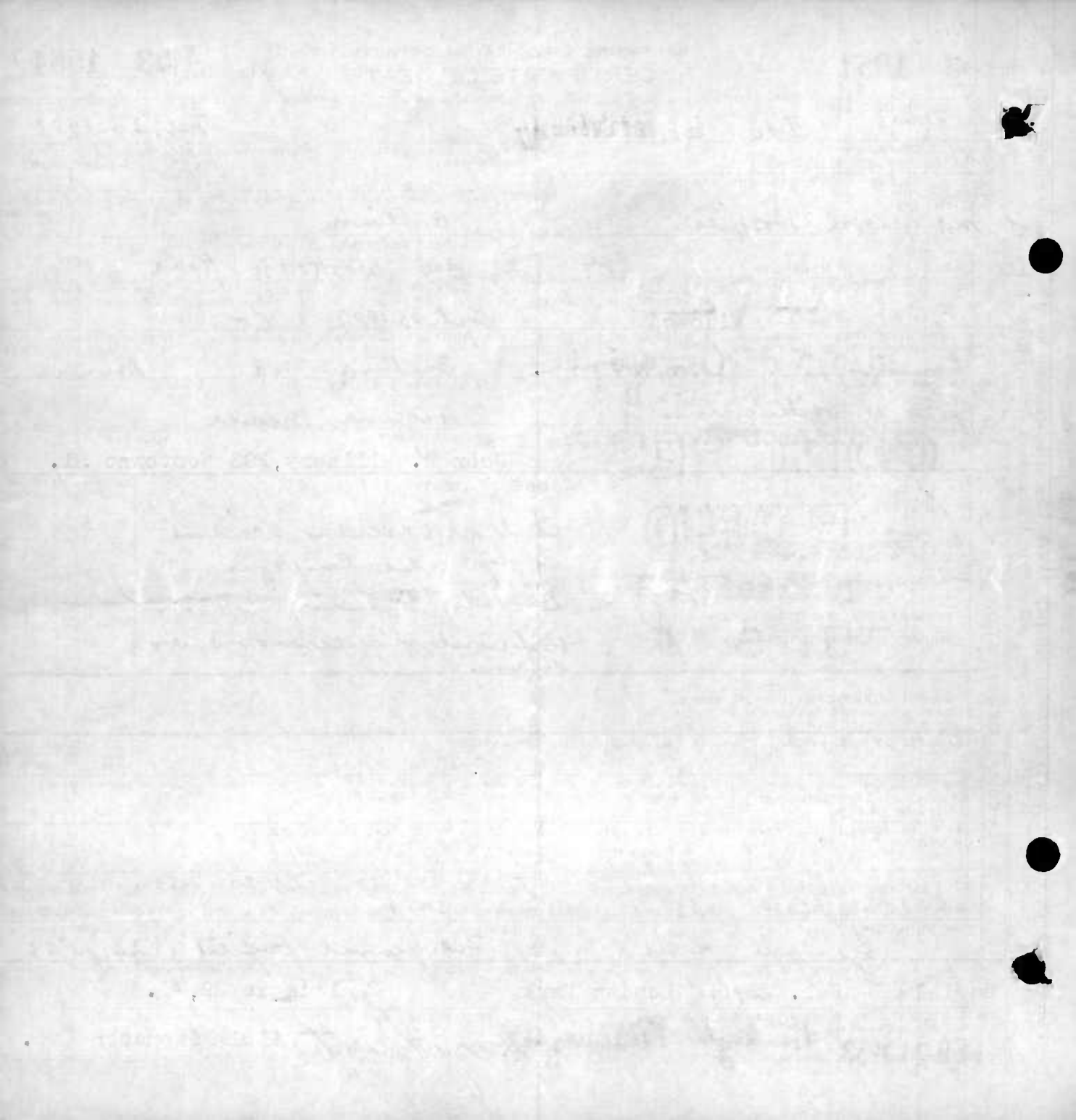
Harry F. Richter

ADDRESS

4101 Edmondson Ave.

FEB 21 1953

VS 150



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1955

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HEINKER, NANO B.

2. DATE
OF
DEATH

2-20-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTIONLutheran Hospital
of Md.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write JURAT and give
township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

804 Dukeland St #16

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

B. DATE OF BIRTH

6-16-1899

9. AGE (In years
last birthday)

53

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H. W.

10B. KIND OF BUSINESS OR
INDUSTRY

HOME

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JOHN H. CROSS

14. MOTHER'S MAIDEN NAME,

JULIA A. GRIFFIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL
SECURITY NO.

218.07-1465

17. INFORMANT

ADDRESS

LEO SHIPLEY 4366 SHAMROCK AVE.

18. 420.0

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

CAUSE OF DEATH

Pulmonary edema

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerotic heart

disease

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Cirrhosis of the liver

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 2/18, 1953, to 2/20, 1953, that I last saw the
deceased alive on 2/20, 1953, and that death occurred at 6:15 pm., from the causes and on the date stated above.

23A. SIGNATURE

Amstien S. Mass

23B. ADDRESS

103 Ashburton

23C. DATE SIGNED

2/20/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

2/24/53

24C. NAME OF CEMETERY OR CREMATORY

NEW CATHEDRAL

24D. LOCATION (City, town, or county)

BALTIMORE

(State)

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 21 1953

REGISTRAR'S SIGNATURE

Huntington Hallinan, M.D.

25. FUNERAL DIRECTOR

JOHN T. STANSBURY 2700 EDMONDSON

ADDRESS

Ave

Name of Deceased		Date of Death	
Place of Birth		Date of Birth	
Sex		Race	
Marital Status		Cause of Death	
Occupation		Place of Death	
Signature of Physician		Signature of Registrar	
Date of Signature		Date of Signature	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1956

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Rose Elizabeth Sanford		2. DATE OF DEATH February 20, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital 1400 N. Caroline St.		D. STREET ADDRESS (If rural, give location) 2111 Dobler Ave. #18		9-01	
c. Length of stay in Baltimore 7 yrs.		5. SEX Female		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH		9. AGE (In years last birthday) 93 yrs.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hwife.		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Indiana	
13. FATHER'S NAME Peter J. Berens		14. MOTHER'S MAIDEN NAME Ann Callahan		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS MRS. MARY FLAGG 2111 Dobler Ave	
18. 450.0 and E903.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Pneumonia DUE TO (B) Generalized Arteriosclerosis DUE TO (C) CERTIFICATION APPROVED BY R. F. Fisher		INTERVAL BETWEEN ONSET AND DEATH		CHIEF OR ASST. MEDICAL EX.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Surgical Neck Fracture - Rt. humerus		19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 2111 Dobler Ave.	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Feb. 11, 1953 m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Fall to floor.	
22. I hereby certify that I attended the deceased from February 20, 1953 to February 20, 1953 that I last saw the deceased alive on February 20, 1953 and that death occurred at 10:00 PM from the causes and on the date stated above.					
23A. SIGNATURE R. B. Lofay Jr.		23B. ADDRESS 1400 N. Caroline St. #13		23C. DATE SIGNED February 20, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) 2-21-53		24B. DATE 2-21-53		24C. NAME OF CEMETERY OR CREMATORY St. John's	
24D. LOCATION (City, town, or county) (State) Washington, Indiana		24E. FUNERAL DIRECTOR ULLRICH		24F. ADDRESS 200 Orleans St.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 21 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS	

Peter J. Berens
Ann Callahan

FLAGG

Feb 21/53
St. John's Cem
Wash. Inding

M-421
53 1957BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1957
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Elaine Wilson Maulsby		Feb 21/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY			
1424 Park Ave		Md. Balto City			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
at home		Baltimore 14-01			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
Life		1428 Park Ave			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months Days
Female	White	Single	Feb 9/1886	67	- - -
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
NONE		NONE		Balto. Md.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
David L. Maulsby		Mary George		U.S.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
no		no		David L. Maulsby - 1428 Park Ave	
18. 443X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) Congestive Heart Failure		3-4 hrs	
DUE TO		(B) Arterio-Sclerosis		Gradual	
DUE TO		(C) Myocarditis		E	
DUE TO		(D) Hypertension			
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept 1940, to Feb 21, 1953, that I last saw the deceased on Feb 20, 1953, and that death occurred at 5A m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
H. H. Hoody		1403 Park Ave		2-21-53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Cremation		Feb 23/53		Fremont	
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
Baltimore		1403 Park Ave		108 W York Ave	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
FEB 21 1953		H. H. Hoody		108 W York Ave	

1887

AMERICAN TV HEALTH DEPARTMENT

CERTIFICATE OF DEATH

NAME OF DECEASED

RESIDENCE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

OCCUPATION

EDUCATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

PLACE OF MARRIAGE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

OCCUPATION

EDUCATION

RELIGION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 1958

53 1958

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)William Cummings2. DATE
OF
DEATHFebruary 20, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5012 Brynawn Oak Ave.

c. Length of stay in Baltimore

19 Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

5-24-96

9. AGE (In years last birthday)

56

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Maintenance Man

10B. KIND OF BUSINESS OR INDUSTRY

State Teachers College

11. BIRTHPLACE (State or foreign country)

Pilghman Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Oliver G. Cummings

14. MOTHER'S MAIDEN NAME

Hannie A. Cummings ✓

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Josephine M. Cummings 5012 Brynawn Oak Ave18. 201X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A) Hodgkins Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

2 1/2 yrs

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Bronchopneumonia1 week

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-2, 1953, to 2-20, 1953, that I last saw the deceased alive on 2-20, 1953, and that death occurred at 7:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Richard A. Peeler M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2-20-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb 24/1953

24C. NAME OF CEMETERY OR CREMATORY

Pilghman M. E. Church Cem

24D. LOCATION (City, town, or county)

Pilghman and Island Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Harry H. Macarost

ADDRESS

4204 Ridgewood Ave

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1959

53 1959
BIRTH NO.

1. NAME OF DECEASED (Type or Print) LIEBERMAN, MARY Ann			2. DATE OF DEATH 20 FEB '53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE		
B. FULL NAME OF HOSPITAL OR INSTITUTION FRANKLIN SQ. HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 907 OLD OAK ROAD		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH 2/13/1867		9. AGE (In years last birthday) 86
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) PENNSYLVANIA	
13. FATHER'S NAME ADAM ABEL			12. CITIZEN OF WHAT COUNTRY? U.S.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) -			14. MOTHER'S MAIDEN NAME ISABEL MESSINGER		
16. SOCIAL SECURITY NO. -			17. INFORMANT ADDRESS Bender Funeral Home, Easton, Pa.		

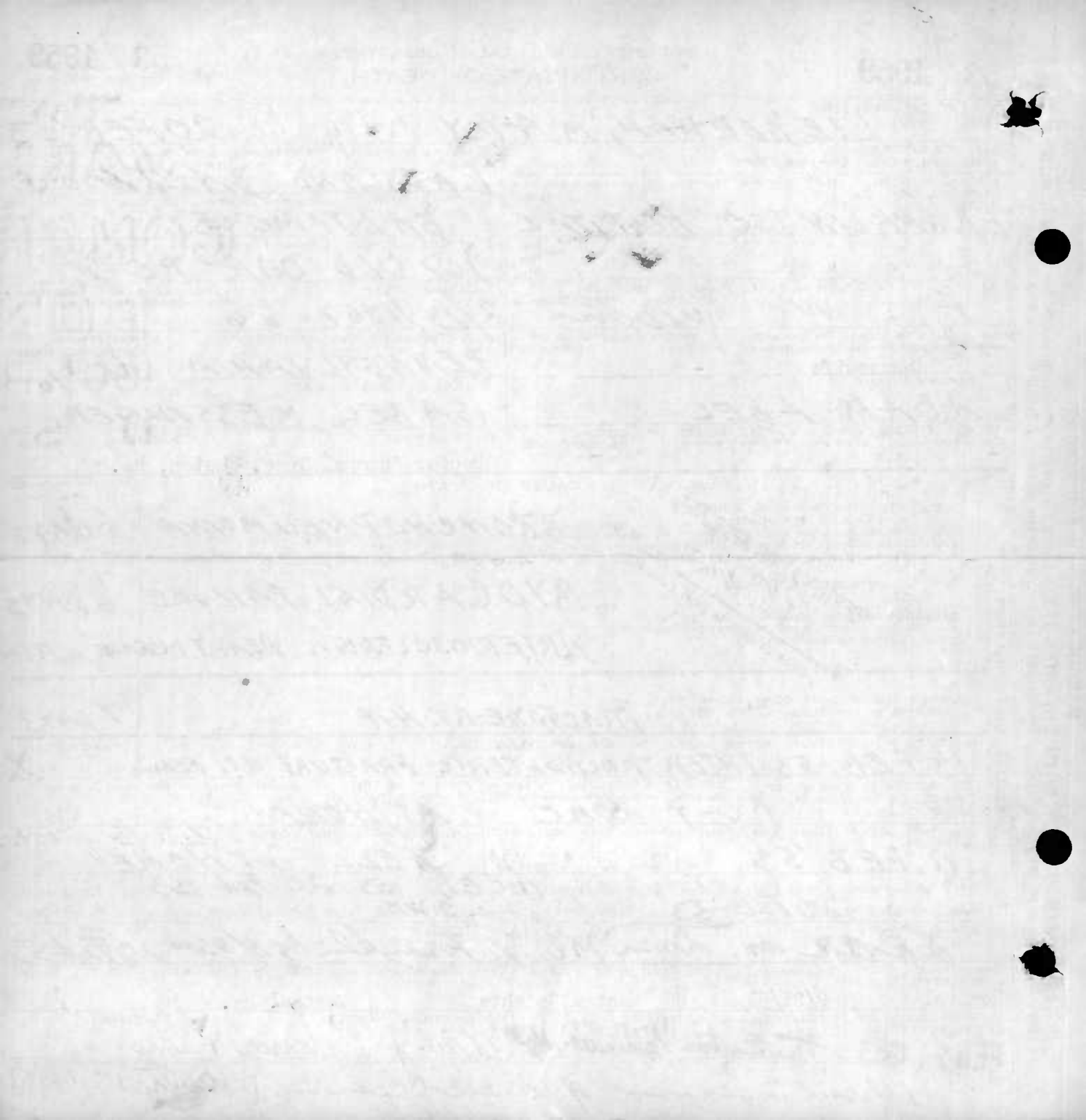
18. 420.0 and E903 BY DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) BRONCHOPNEUMONIA M.D. (A) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A), STATING THE UNDERLYING CONDITION CAUSING IT. MYOCARDIAL FAILURE DUE TO (B) _____ ARTERIOSCLEROTIC HEART DISEASE DUE TO (C) _____ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. FRACTURE RT. HIP		INTERVAL BETWEEN ONSET AND DEATH 6 days 6 DAYS 7 DAYS
--	--	---

19A. DATE OF OPERATION 13 FEB. 53		19B. MAJOR FINDINGS OF OPERATION INTERTROCHANTERIC FRACTURE RT. FEMUR		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) AT HOME	21C. WHERE DID INJURY OCCUR? AT HOME		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 11 FEB '53	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? FELL AT HOME (Fell to floor.)		
22. I hereby certify that I attended the deceased from 11 FEB , 1953, to 20 Feb , 1953, that I last saw the deceased alive on 20 Feb , 1953, and that death occurred at 2:30 PM , from the causes and on the date stated above.				
23A. SIGNATURE DR. R. R. Rame, M.D.		23B. ADDRESS 56 Franklin Sq. Hosp		23C. DATE SIGNED 20 Feb 53

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 2/21/53	24C. NAME OF CEMETERY OR CREMATORY Easton Heights	24D. LOCATION (City, town, or county) (State) Easton, Pa.
---	-----------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR FEB 21 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm. J. Vickner & Sons	ADDRESS Baltimore 17 Md
--	---	--	-----------------------------------

VS 150
N820.0
Released to approval of medical examiner



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly supplied. The correct address is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1960

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALICE R. BURNETT

2. DATE
OF
DEATH

Feb. 19, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONHaven Nursing Home
4515 Garrison Blvd.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2636 Maryland Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 7, 1862

9. AGE (In years
last birthday)

91

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Saleslady (rtd)

10B. KIND OF BUSINESS OR
INDUSTRY

Dept. Store

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Burnett

14. MOTHER'S MAIDEN NAME

Sarah --

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Mr. J. Elmer Martin-2923 N. Calvert St.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1953 to Feb 19, 1953 that I last saw the
deceased alive on Feb 18, 1953 and that death occurred at 9 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/21/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Balto 17. Md.

1980

STATE OF NEW YORK

CERTIFICATE OF DEATH

1980



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1961
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELLEN STEHLE

2. DATE
OF
DEATH

Feb. 20, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

5517 Stonington Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5517 Stonington Ave.

C. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Jan. 28, 1873

9. AGE (In years
last birthday)

80

10. Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Lewis Mead

14. MOTHER'S MAIDEN NAME

Katherine Rogers

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Mr. Edward E. Stehle-623 St. Johns Rd.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Vase Accident

1 hr

DUE TO

ANTECEDENT CAUSES

(B)

Generalized Arteriosclerosis

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

Hypertensive Cerebral Vase Disease w/

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1953 to Feb 20, 1953 that I last saw the
deceased alive on Feb 17, 1953 and that death occurred at 10 Am., from the causes and on the date stated above.

23A. SIGNATURE

Thos Y Abbott

23B. ADDRESS

M. D.

4509 Liberty Key Ave

23C. DATE SIGNED

2-20-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/24/53

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Thos Y Abbott

ADDRESS

Balto. 17, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

STATE OF NEW YORK

IN SENATE

IN SENATE

IN SENATE

IN SENATE

IN SENATE

IN SENATE

IN SENATE

IN SENATE

IN SENATE

IN SENATE

IN SENATE

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IN SENATE

IN SENATE

IN SENATE

IN SENATE

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1962

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James William Martin

2. DATE
OF
DEATH

Feb 20, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Union Memorial Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE Maryland

B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1713 Guilford Ave

c. Length of stay in Baltimore ?

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Feb 19, 1880

9. AGE (In years last birthday)

73

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Claim Agt. (rtd)

10B. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

James Josiah Martin

14. MOTHER'S MAIDEN NAME

Annie Fraser

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr James Martin 2817 Woodland Ave

18. 493X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Antecedent heart disease

DUE TO

(C) Acute urinary retention

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK

NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 12, 1953 to Feb 20, 1953 that I last saw the deceased alive on Feb 20, 1953, and that death occurred at 1:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Mary Louise Poff

23B. ADDRESS

Union Memorial Hosp

23C. DATE SIGNED

Feb 20, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/23/53

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Gickner & Sons

ADDRESS

Balto. 17, Md.

FEB 21 1953

VS 150

30050

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

1903



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

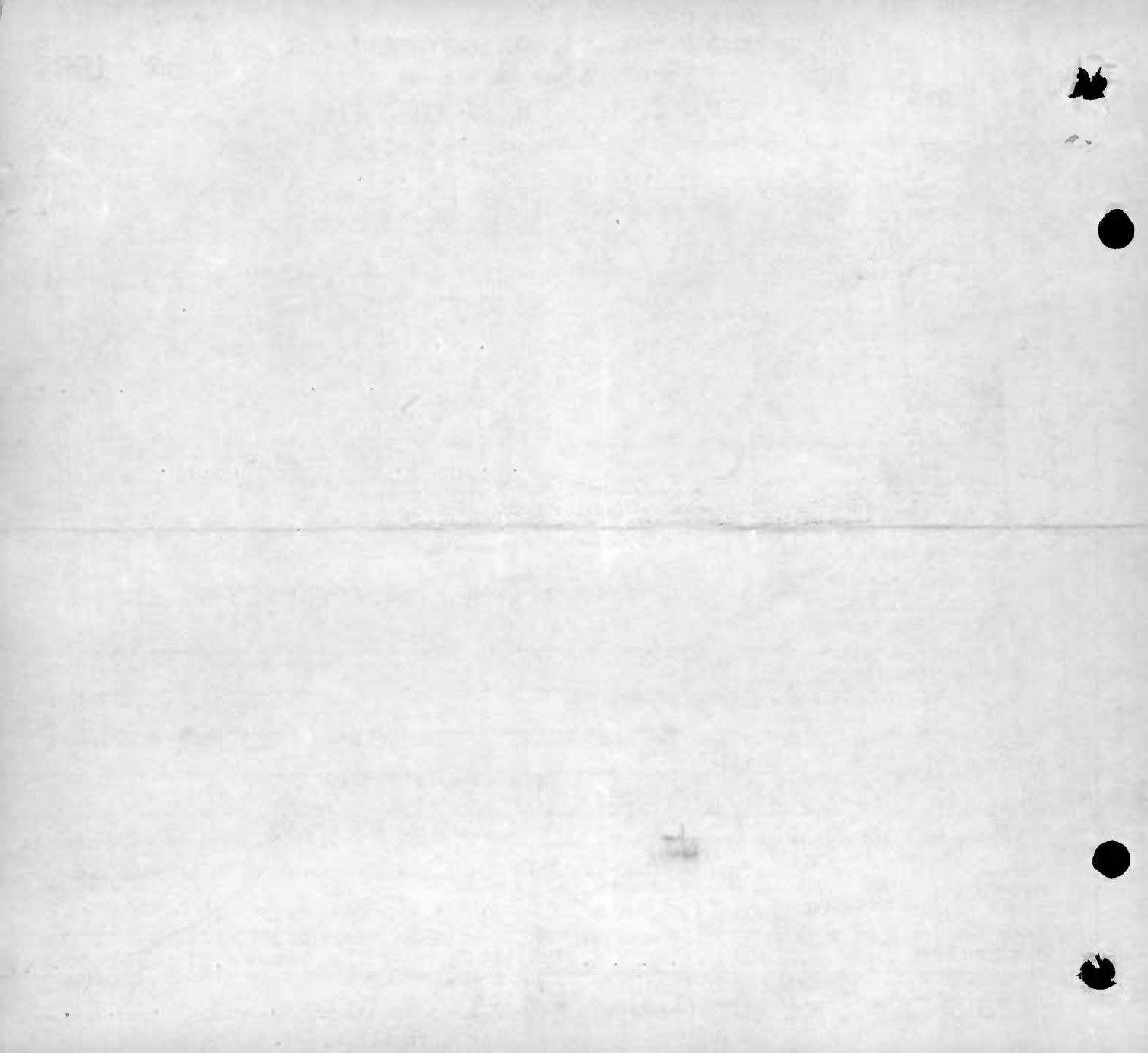
CERTIFICATE OF DEATH

Reg. Dist. No.

53 1963

1. PLACE OF DEATH COUNTY <u>Baltimore</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>W. Va.</u> COUNTY <u>Mineral</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Baltimore</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Elk Garden</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>3714 Brooklyn Ave</u> <u>2403 Noble Street</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) (Middle) (Last) <u>WILLIAM ALEXANDER DICK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 20 1953</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, <u>Widowed</u>		8. DATE OF BIRTH <u>OCT. 25, 1867</u>	
9. AGE last birthday <u>85</u> yrs.		10. If under 1 year Months Days If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Coal mines</u>	
11. BIRTHPLACE (State or foreign country) <u>Lonaconing, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John Dick</u>		14. MOTHER'S MAIDEN NAME <u>Mary Kirkwood</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>G.D. Dick, Elk Garden, W. Va.</u>			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) <u>coronary infarction</u>			
Antecedent cause(s) (b) <u>arteriosclerosis + myodeg wall</u>			
(c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)			
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? OF While at Not While INJURY m. Work <input type="checkbox"/> At work <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from <u>7-1</u> , 19 <u>52</u> , to <u>2-20</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1-19</u> , 19 <u>53</u> , and that death occurred at <u>10:40 A.M.</u> , from the causes and on the date stated above.			
SIGNATURE <u>Eugene Guize M.D.</u> ADDRESS <u>3904 S Hanover</u> DATE SIGNED <u>2-20-53</u>			
23. BURIAL, CREMATION (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) <u>Buried</u> <u>2-20-53</u> <u>I.O.O.F. Cemetery</u> <u>Elk Garden, Mineral Co. W. Va.</u>			
DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS <u>FEB 21 1953</u> <u>Huntington Williams, M.D.</u> <u>Botha F. Sharpless, Blaine, W. Va.</u>			

also Kitzmiller, Md.



346
53 1964BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1964
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Kidwiler, Elizabeth

2. DATE
OF
DEATH

2/20/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Mary Hosp.

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

Md

B. COUNTY

Anne Arundel

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Balt. Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Anne Arundel

D. STREET ADDRESS (If rural, give location)

569 Fountain St. 6235

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W - A.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Dec 4 1932

9. AGE (in years;
last birthday)

20 yrs

If Under 1 Year
Months: Days

2 16

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Student

10B. KIND OF BUSINESS OR
INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

Balt. Md

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Elias Kidwiler

14. MOTHER'S MAIDEN NAME

Hilda Kahn

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Father

ADDRESS

Same

18. 592X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Glomerulonephritis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

2 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Heart Failure

DUE TO

3 weeks

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/16, 1953 to 2/20, 1953, that I last saw the
deceased alive on 2/20/53 19, and that death occurred at 1:15 PM., from the causes and on the date stated above.

23A. SIGNATURE

J. R. R. R.

M. D.

23B. ADDRESS

Mary Hosp.

23C. DATE SIGNED

2/20/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

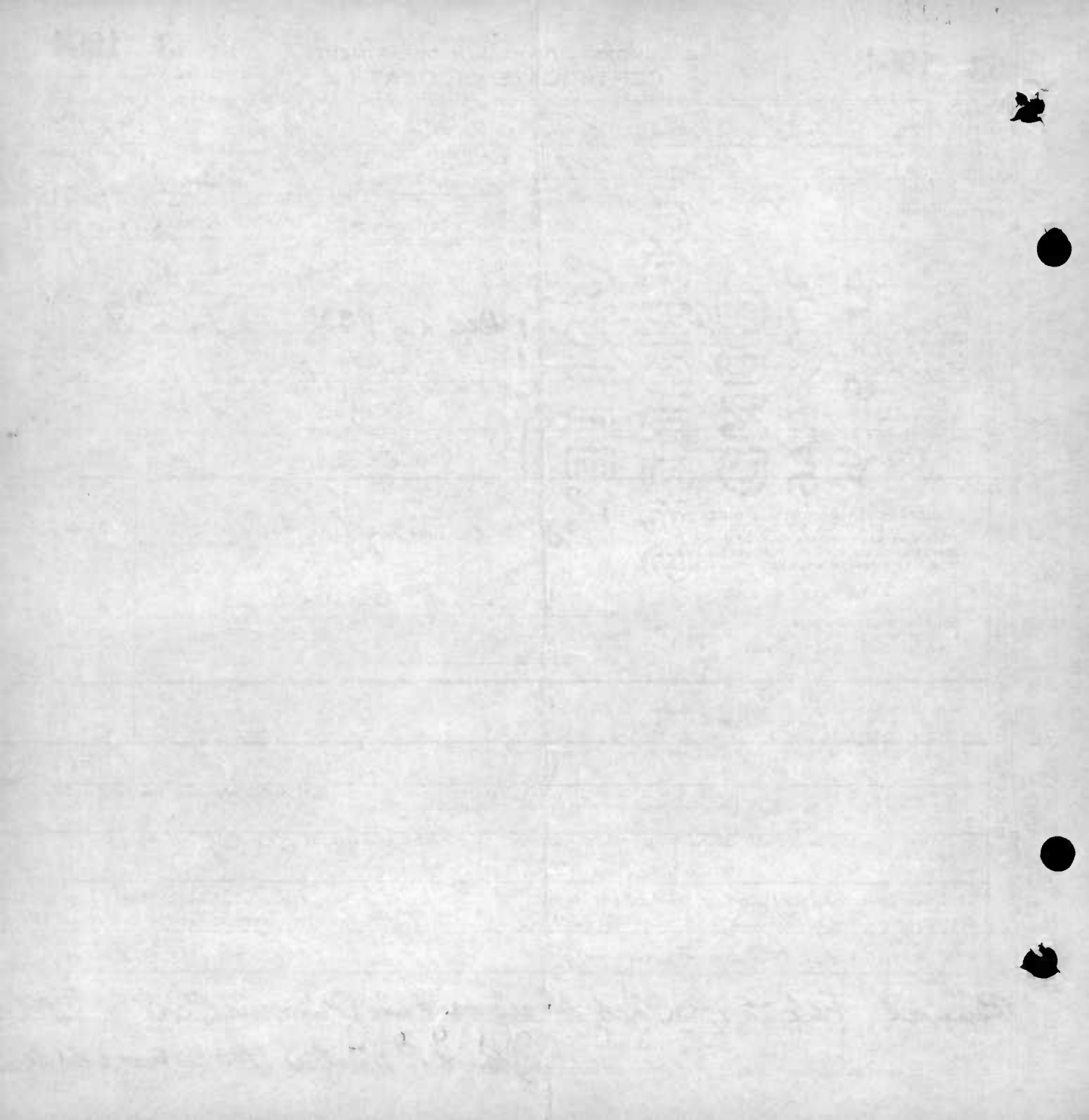
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burial Feb 22 1953 Oheb Shalom Home O'Donnell St Md
David R. Martin 1902 Entaw place



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied, the correct is especially important. Physicians: please write the causes of death clearly and legibly.

53 1965

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1965
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Susie E. Smith

2. DATE
OF
DEATH

Feb. 19, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

Maryland

B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1022 Carlton ST.

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

16-01

7. STREET ADDRESS (If rural, give location)

1022 Carlton ST

8. Length of stay in Baltimore

40 yrs

9. SEX

Female

10. COLOR OR RACE

Colored

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

12. DATE OF BIRTH

1-25-1888

13. AGE (in years last birthday)

65

14. If Under 1 Year Months: Days

15. If Under 24 Hours Hours: Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

17. KIND OF BUSINESS OR INDUSTRY

House Work

18. BIRTHPLACE (State or foreign country)

Gloucester Va.

19. CITIZEN OF WHAT COUNTRY?

U.S.A.

20. FATHER'S NAME

Henry Thornton

21. MOTHER'S MAIDEN NAME

Caroline Ross

22. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

unknown

23. SOCIAL SECURITY NO.

24. INFORMANT

25. ADDRESS

Mrs. Eva Burrell 5292 Lenoir ST.

26. 442X

27. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Hemorrhage

DUE TO

28. ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

My father's disease

DUE TO

(C)

Cardiovascular Disease

29. INTERVAL BETWEEN ONSET AND DEATH

30. II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

31. DATE OF OPERATION

32. MAJOR FINDINGS OF OPERATION

33. AUTOPSY?

YES ☐ NO ☐

34. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

35. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

36. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

37. TIME (Month) (Day) (Year) (Hour) OF INJURY

38. INJURY OCCURRED

39. HOW DID INJURY OCCUR?

40. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

41. I hereby certify that I attended the deceased from Jan 15, 1953, to Feb 19, 1953, that I last saw the deceased alive on Feb 19, 1953, and that death occurred at m., from the causes and on the date stated above.

42. SIGNATURE

M. E. Ilean

43. ADDRESS

803 N. Fremont St.

44. DATE SIGNED

2-21-53

45. M. D.

46. BURIAL, CREMATION, REMOVAL (Specify)

Burial

47. DATE

2-22-53

48. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

49. LOCATION (City, town, or county) (State)

Balto. Md.

50. DATE RECEIVED BY LOCAL REGISTRAR

51. REGISTRAR'S SIGNATURE

H. F. Taylor

52. FUNERAL DIRECTOR

53. ADDRESS

Wm. A. Jackson 916 Penna. Ave.

VS 150

7208A

[Faint, illegible handwriting]

[Faint, illegible handwriting]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 1966

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LEROY

WATTS

2. DATE OF DEATH **February 20, 1953**

3. PLACE OF DEATH:

A. **Baltimore City, Maryland**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
303 N. Carey Street

C. Length of stay in Baltimore ?

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Sep.

8. DATE OF BIRTH

3/8/10

9. AGE (In years last birthday)

42

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Stevadore

10B. KIND OF BUSINESS OR INDUSTRY

Local 858

11. BIRTHPLACE (State or foreign country)

A. A. Co. Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Henson Watts

14. MOTHER'S MAIDEN NAME

Lilly Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

?

17. INFORMANT ADDRESS

Ellen Rich 824 Whatcoat St.

18. **443X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Hypertensive cardiovascular disease

ONE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

ONE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Willie J. Smith

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☒
M.D. MEDICAL INVESTIGATOR.....☒

23C. DATE SIGNED

Feb. 20, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/23/53

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county) (State)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

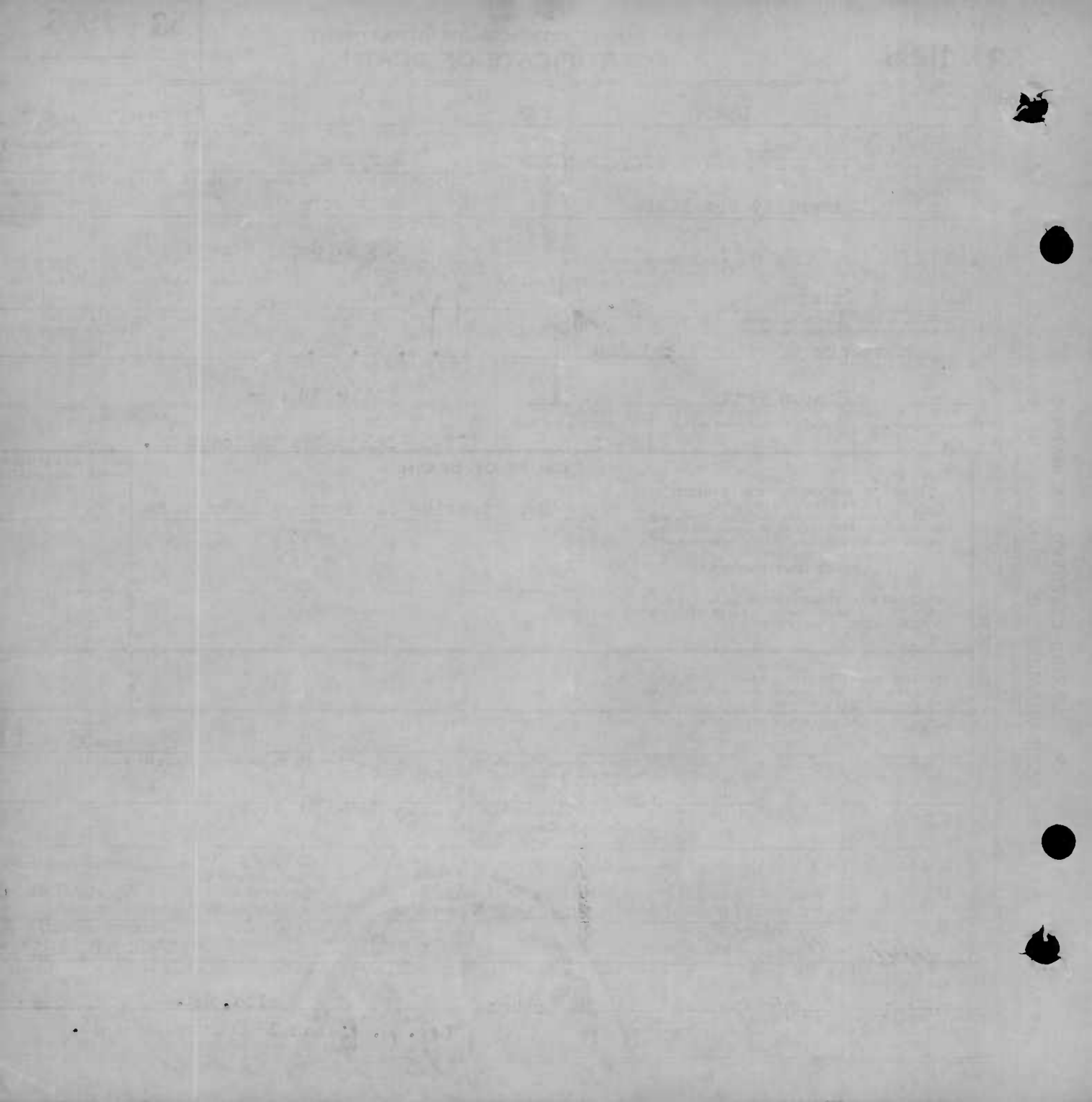
Willie J. Smith

25. FUNERAL DIRECTOR

Geo. G. Kelson 1303 Presbiterian St.

ADDRESS

Geo. G. Kelson



53 1967

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1967

1. NAME OF DECEASED
(Type or Print)

Mildred Knox

2. DATE
OF
DEATH

Feb. 19-1963

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution, residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 14-03

D. STREET ADDRESS (If rural, give location)

2102 McCulloh St

c Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

2-14-00

9. AGE (In years
last birthday)

53

H Under 1 Year
Months; DaysH Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 584X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Postoperative duodenal fistula

6 wks.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Cholecyst-duodenal fistula

app 3 mths.

DUE TO

(C)

Cholelithiasis & cholecystitis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic cardiovascular disease

19A. DATE OF OPERATION

12-13-52; 2-4-53

19B. MAJOR FINDINGS OF OPERATION

Cholecyst-duodenal fistula 2) Duodenal fistula

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-10-1952 to 2-19-1953, that I last saw the deceased alive on 2-17-1953, and that death occurred at 7:15 PM., from the causes and on the date stated above.

23A. SIGNATURE

Dwight C. McLean

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2/20/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2/22/53

24C. NAME OF CEMETERY OR CREMATORY

Smt Zion

24D. LOCATION (City, town or county)

Balto. Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Geo. D. Nelson

ADDRESS 1303

Breastman St

1911

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

NAME OF DECEASED		AGE		SEX		RACE		OCCUPATION	
DATE OF DEATH		TIME OF DEATH		PLACE OF DEATH		CAUSE OF DEATH		MANNER OF DEATH	
SIGNATURE OF PHYSICIAN		SIGNATURE OF MINISTER		SIGNATURE OF JURY		SIGNATURE OF CORONER		SIGNATURE OF REGISTRAR	
LOCALITY		COUNTY		STATE		FEDERAL DISTRICT		CONGRESS	

53 1968

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1968

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BLANCHE AMASS

2. DATE
OF
DEATH

2-19-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2508 No Rosedale St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-37

D. STREET ADDRESS (If rural, give location)

2508 No Rosedale St

c. Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year

If Under 24 Hours

48

Months

Days

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Morris Schreiber

14. MOTHER'S MAIDEN NAME

Fannie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Max Amass - Fannie

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Artery Disease

DUE TO

3 mo

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertension C-V Disease

DUE TO

15 yrs

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1937, 19, to Feb 19, 1953, that I last saw the deceased alive on Feb 19, 1953, and that death occurred at 9 PM, from the causes and on the date stated above.

23A. SIGNATURE

Edward A. Hallins

M. D.

23B. ADDRESS

4300 Liberty Hts Av

23C. DATE SIGNED

2/20/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

2-22-53

Huntington Williams

Jack Lewis

2100 Canton St

1000
Kacunas 1996
4300 Liberty
704558

UNITED STATES DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1978

DATE OF DEATH
PLACE OF DEATH

SEX

AGE

RACE

EDUCATION

OCCUPATION

CAUSE OF DEATH

IMMEDIATE CAUSE

UNDERLYING CAUSE

INTERMEDIATE CAUSE

PRE-EXISTING DISEASES

DATE OF BIRTH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1969

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Soh M ROSENTHAL

2. DATE
OF
DEATH

2-20-53

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE Md

B. COUNTY

b. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

847 West North Ave

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 14-01

d. STREET ADDRESS (If rural, give location)

847 West North Ave

c. Length of stay in Baltimore

50

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (In years last birthday)

70

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

merchant

10b. KIND OF BUSINESS OR INDUSTRY

Hardware

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Herman

14. MOTHER'S MAIDEN NAME

Besne

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Anna Rosenthal - home

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ACUTE CORONARY Occlusion

INTERVAL BETWEEN ONSET AND DEATH

15 MINS

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 1, 1937, to Feb 19, 1953, that I last saw the deceased alive on Jan 28, 1953, and that death occurred at 4:30 Am., from the causes and on the date stated above.

23a. SIGNATURE

Albert H. Amisfarb

M. D.

23b. ADDRESS

1801 Eutaw Place

23c. DATE SIGNED

Feb 20, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

2-22-53

24c. NAME OF CEMETERY OR CREMATORY

Hebrew Friendship

24d. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

FEB 22 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Jack Lewis

ADDRESS

2100 Eutaw Pl

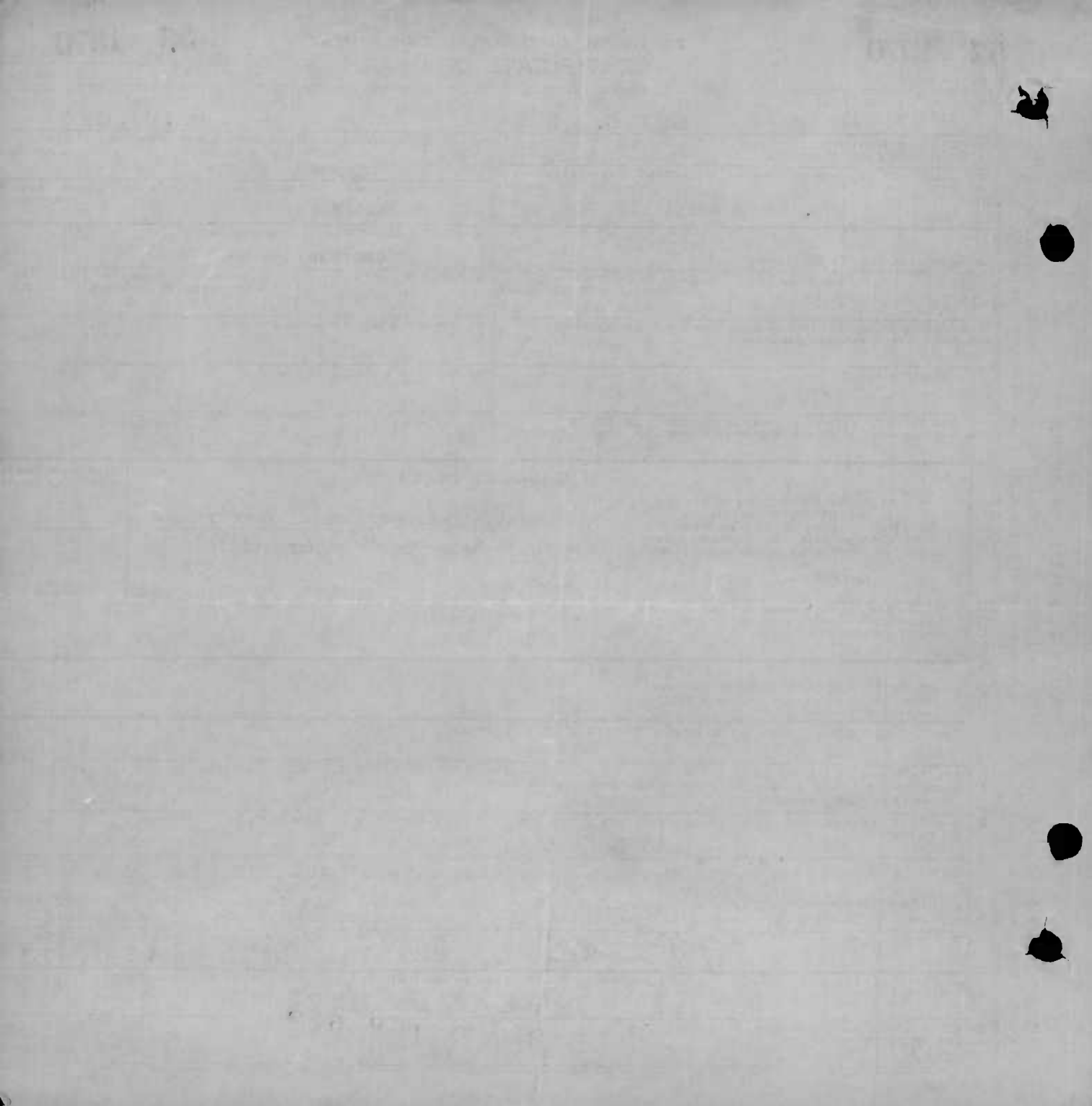
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Make correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 1970

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1970
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) EDGAR G. LOWE		2. DATE OF DEATH Jan. 11, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) Homeless 25-41			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) U	8. DATE OF BIRTH U	9. AGE (In years last birthday) 52	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY K	11. BIRTHPLACE (State or foreign country) K		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME O		14. MOTHER'S MAIDEN NAME O			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. H		17. INFORMANT W ADDRESS N	
18. 587.0 CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Massive retroperitoneal hemorrhage DUE TO Acute hemorrhagic pancreatitis					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. F. Frohen		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Jan. 12, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL	
24D. LOCATION (City, town, or county) (State)		JAN 22 1953			
DATE RECEIVED BY LOCAL REGISTRAR FEB 22 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Huntington Williams, M.D.	
ADDRESS					



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

163

53 1971

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 1971

BIRTH NO. 53-02651

1. NAME OF DECEASED
(Type or Print)

BABY BOY JEFFORDS

2. DATE
OF
DEATH

1/21/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)HOSPITAL OR
INSTITUTION

Lutheran Hosp

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

Baltimore

19-02

D. STREET ADDRESS (If rural, give location)

4 N. Carey St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

1/21/53

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

12

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Theresa Jeffords

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 776x

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

CAUSE OF DEATH

Prematurity

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/21, 1953, to 1/21, 1953, that I last saw the
deceased alive on 1/21, 1953, and that death occurred at 12 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Anthony J. De Giovanni M. D.

23B. ADDRESS

Lutheran Hosp

23C. DATE SIGNED

1/28/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

JOHN HARRIS MEDICAL SCHOOL JAN 30 1953

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of birth		6. Usual residence		7. Cause of death		8. Manner of death	
9. Occupation		10. Education		11. Marital status		12. Date of marriage	
13. Name of physician		14. Name of attending nurse		15. Name of funeral director		16. Name of undertaker	
17. Name of cemetery		18. Name of place of interment		19. Name of place of burial		20. Name of place of cremation	
21. Name of place of death		22. Name of place of death		23. Name of place of death		24. Name of place of death	
25. Name of place of death		26. Name of place of death		27. Name of place of death		28. Name of place of death	
29. Name of place of death		30. Name of place of death		31. Name of place of death		32. Name of place of death	
33. Name of place of death		34. Name of place of death		35. Name of place of death		36. Name of place of death	
37. Name of place of death		38. Name of place of death		39. Name of place of death		40. Name of place of death	
41. Name of place of death		42. Name of place of death		43. Name of place of death		44. Name of place of death	
45. Name of place of death		46. Name of place of death		47. Name of place of death		48. Name of place of death	
49. Name of place of death		50. Name of place of death		51. Name of place of death		52. Name of place of death	
53. Name of place of death		54. Name of place of death		55. Name of place of death		56. Name of place of death	
57. Name of place of death		58. Name of place of death		59. Name of place of death		60. Name of place of death	
61. Name of place of death		62. Name of place of death		63. Name of place of death		64. Name of place of death	
65. Name of place of death		66. Name of place of death		67. Name of place of death		68. Name of place of death	
69. Name of place of death		70. Name of place of death		71. Name of place of death		72. Name of place of death	
73. Name of place of death		74. Name of place of death		75. Name of place of death		76. Name of place of death	
77. Name of place of death		78. Name of place of death		79. Name of place of death		80. Name of place of death	
81. Name of place of death		82. Name of place of death		83. Name of place of death		84. Name of place of death	
85. Name of place of death		86. Name of place of death		87. Name of place of death		88. Name of place of death	
89. Name of place of death		90. Name of place of death		91. Name of place of death		92. Name of place of death	
93. Name of place of death		94. Name of place of death		95. Name of place of death		96. Name of place of death	
97. Name of place of death		98. Name of place of death		99. Name of place of death		100. Name of place of death	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 1972
Registered No. _____

BIRTH NO. 53-02870

1. NAME OF DECEASED
(Type or Print) **Baby Boy Hamlin**

2. DATE OF DEATH **2/6/53**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland**
B. COUNTY _____

B. FULL NAME OF HOSPITAL OR INSTITUTION **Swai**
(If not in hospital or institution, give street address or location)

C. CITY OR TOWN **Baltimore 8-07**
(If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)
1306 N. Washington St #13

5. SEX **m**

6. COLOR OR RACE **C**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **S**

8. DATE OF BIRTH **2/5/53**

9. AGE (In years last birthday) **1**
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) **Maryland**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME _____

14. MOTHER'S MAIDEN NAME **Joyce Hamlin**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION **2/7**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2/5/53**, 19**53**, to **2/6**, 19**53**, that I last saw the deceased alive on **2/6**, 19**53**, and that death occurred at **5³⁰am.**, from the causes and on the date stated above.

23A. SIGNATURE **Creon Danner**

23B. ADDRESS **Swai Hosp**

23C. DATE SIGNED **2/6/53**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY **JOHN HOPKINS MEDICAL SCHOOL**

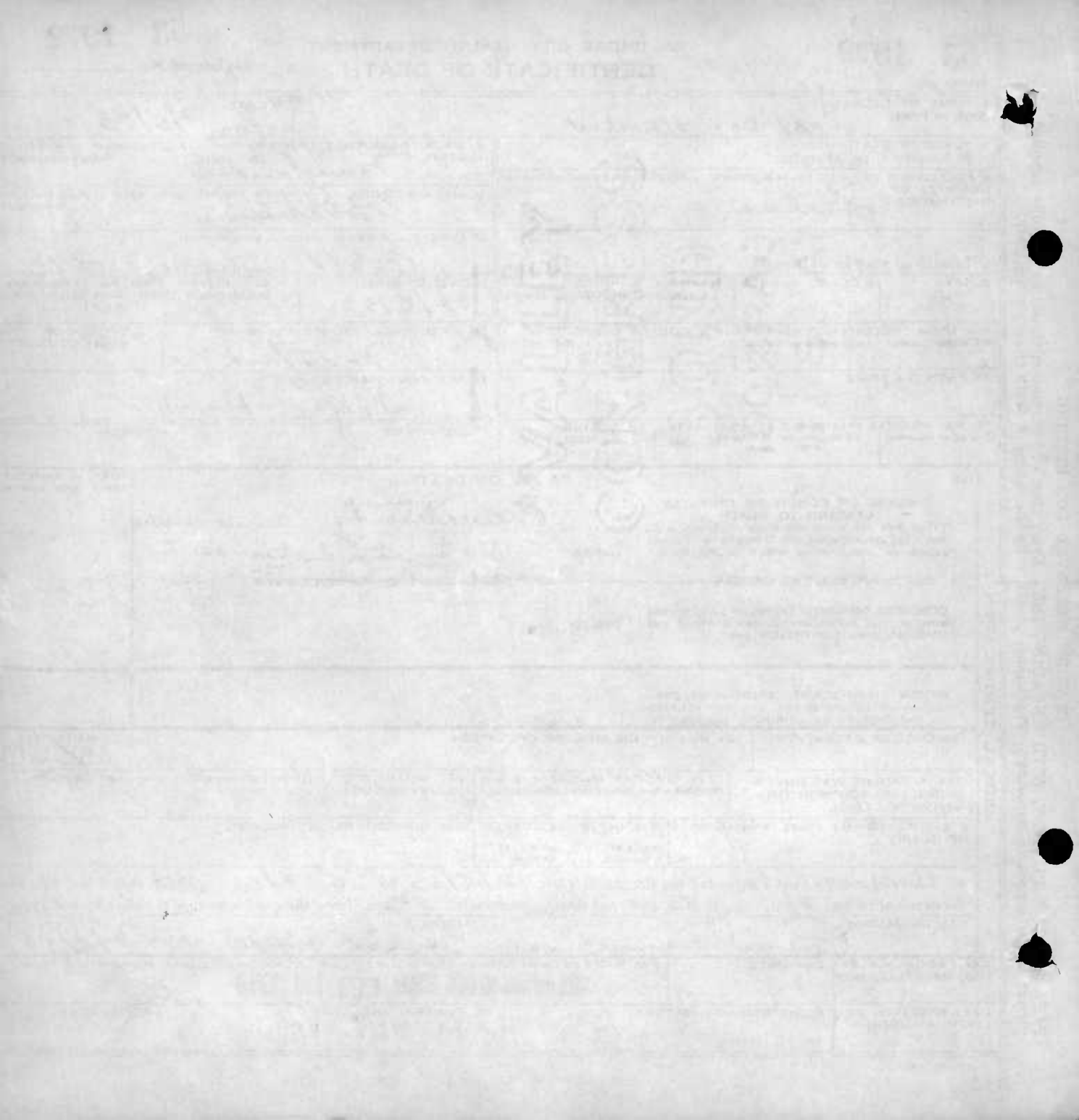
24D. LOCATION (City, town, or county) (State) **FEB 13 1953**

DATE RECEIVED BY LOCAL REGISTRAR **FEB 22 1953**

REGISTRAR'S SIGNATURE **Huntington Williams, M.D.**

25. FUNERAL DIRECTOR

ADDRESS **Huntington Williams, M.D.**



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-426
53 1973
53-02658

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1973
Registered No.

BIRTH NO. 53-02658		1. NAME OF DECEASED (Type or Print) Baby Boy Walker		2. DATE OF DEATH 1/17/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Lutheran Hosp			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 16 15-06		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 1800 Rosedale St.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 1-15-53	9. AGE (In years last birthday) 2
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME Mary Wacker		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	

18. 776X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Prematurity DUE TO (A) _____			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) _____					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) _____					
19A. DATE OF OPERATION 2/1		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1/15, 1953, to 1/17, 1953, that I last saw the deceased alive on 1/17, 1953, and that death occurred at 6:00 a. m., from the causes and on the date stated above.					
23A. SIGNATURE Anthony J. Di Giovanni M. D.		23B. ADDRESS Lutheran Hosp.		23C. DATE SIGNED 1/28/53	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR FEB 22 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS Huntington Williams, M.D.	

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MAINTENANCE OF RECORDS

CERTIFICATE OF DEATH



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1974

BIRTH NO. 53-02926

1. NAME OF DECEASED
(Type or Print)

Baby Female Cursee

2. DATE
OF
DEATH

2/3/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE MD.

B. COUNTY Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

University of Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore #14

D. STREET ADDRESS (If rural, give location)

3076 California Ave.

c. Length of stay in Baltimore

22

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

2/3/53

9. AGE (In years last birthday)

10. Under 1 Year

11. Under 24 Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Mo.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Louis Cursee Sr.

14. MOTHER'S MAIDEN NAME

Dorothy Kiel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Father

ADDRESS

3076 California Ave.

18. 770.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Erythroblastosis Fetalis Hydrops

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Rh incompatibility

(C) DUE TO

Rh negative mother Rh positive father & antibodies

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/3, 1953 to 2/3, 1953, that I last saw the deceased alive on 2/3, 1953, and that death occurred at 4:12 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Dorothy Kiel

M. D.

23B. ADDRESS

819 Med Arts Bldg

23C. DATE SIGNED

2/3/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

JOHN HOPKINS MEDICAL SCHOOL

24D. LOCATION (City, town, or county) (State)

FEB 13 1953

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

VS 150

1971

6

UNITED STATES DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY

1971



53 1975

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 53-03057

1. NAME OF DECEASED
(Type or Print)

Baby girl Miller

2. DATE
OF
DEATH

2-9-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MD.

16-01

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

UNIVERSITY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE-1213 Winchester

D. STREET ADDRESS (If rural, give location)

UNIVERSITY HOSPITAL CHESTER

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Infant

8. DATE OF BIRTH

2-6-53

9. AGE (In years
last birthday)H Under 1 Year
Months: Days
H Under 24 Hours
Hours: Min.

3 6

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Infant

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

WA

13. FATHER'S NAME

Lawyer Bryant

14. MOTHER'S MAIDEN NAME

Barbara J. Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Same as above, 1213 Winchester St.

18. 762.5

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Atelectasis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Prematurity

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-6, 1953, to 2-9, 1953, that I last saw the
deceased alive on 2-9, 1953, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Helen E. Clark

23B. ADDRESS

University Hospital

23C. DATE SIGNED

2-9-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL FEB 13 1953

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 22 1953

Helen E. Clark

H. J. Williams, Jr.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1950

UNITED STATES DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1976

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Baby Bay Garlock

2. DATE
OF
DEATH

2/8/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

University Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

6. STREET ADDRESS (If rural, give location)

1215 Woodington Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Newborn

8. DATE OF BIRTH

2/8/53

9. AGE (In years
last birthday)H Under 1 Year
Months DaysH Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Frederick Garlock

14. MOTHER'S MAIDEN NAME

Carolyn Keimel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or oonknoo) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 776x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Prematurity

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office hldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 2/8, 1953, to 2/8, 1953 that I last saw the
deceased alive on 2/8, 1953, and that death occurred at 9:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

L. Welgins Jr.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

2/8/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

JOHN HOPKINS MEDICAL SCHOOL FEB 13 1953

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 22 1953

Huntington Williams, M.D.

Huntington Williams, M.D.

VS 150



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 1977

Registered No. _____

BIRTH NO. 53-03496

1. NAME OF DECEASED
(Type or Print) **Baby Boy Eley**

2. DATE OF DEATH **2-12-53**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Md.** B. COUNTY _____

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION **University Hospital**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balt. **12-05**

38 **New Born** Yrs. Mos. Days

D. STREET ADDRESS (If rural give location)
405 E. Saratoga St.

c. Length of stay in Baltimore **2-12-53** Yrs. Mos. Days

5. SEX **M** 6. COLOR OR RACE **Col** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **S**

8. DATE OF BIRTH **2-12-53** 9. AGE (In years last birthday) **5** 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) **Baltimore** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13. FATHER'S NAME **Clinton Eley**

14. MOTHER'S MAIDEN NAME **Christa Milbourne**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

18. **762.0**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Neonatal Anoxia**

INTERVAL BETWEEN ONSET AND DEATH

5 min

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION **2/12/53**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2/12**, 19**53**, to **2/12**, 19**53**, that I last saw the deceased alive on **2/12**, 19**53**, and that death occurred at **9:45** am., from the causes and on the date stated above.

23A. SIGNATURE **L. Welgus, Jr.**

M. D. **University Hosp.**

23C. DATE SIGNED **2/12/53**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY **JOHN HOPKINS MEDICAL SCHOOL** 24D. LOCATION (City, town, or county) (State) **FEB 13 1953**

DATE RECEIVED BY LOCAL REGISTRAR **FEB 22 1953**

REGISTRAR'S SIGNATURE **Huntington Williams, M.D.**

25. FUNERAL DIRECTOR **Huntington Williams, M.D.**

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1971 88

SALESMAN OF THE MONTH
CHRISTIANE OROZCO



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1978
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

THEODORE R. BROWN

2. DATE
OF DEATH February 20, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-03

D. STREET ADDRESS (If rural, give location)

5000 Walther Boulevard

c. Length of stay in Baltimore

Life Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Mar. 8.1895

9. AGE (In years
last birthday)

57

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Supt. V. Pres.

10B. KIND OF BUSINESS OR
INDUSTRY

Monumental Printing Co

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James I. Brown

14. MOTHER'S MAIDEN NAME

Victoria E. Rosensteel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

Mrs. Theodore R. Brown 5000 Walther Blvd.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William C. Broad

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

M.D.

23C. DATE SIGNED

Feb. 20, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/23/53

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. H. Williams, Jr.

ADDRESS

805 N. Calvert St.

854

25

ADDITIONAL INFORMATION

0001



M 600
53 1979BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1979
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Albert P. Meyer

2. DATE
OF
DEATH

2/20/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

38 University Hospital 60

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

8/24/1870

9. AGE (in years
last birthday)

89

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Professor Modern Language, Naval Academy, France

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Albert Meyer

14. MOTHER'S MAIDEN NAME

Clara Cavarro

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Ella M. Meyer 2909 Winchester St.

18. 490x

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Lobes Pneumonia

INTERVAL BETWEEN
ONSET AND DEATH

2 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Acute URT

2 weeks

(C) Arteriosclerotic C.V.D.

Years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Pernicious Anemia

2 years?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/11/53, 19__, to 2/20/53, 19__, that I last saw the
deceased alive on 2/20/53, 19__, and that death occurred at 9:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

George H. Smith

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

2/20/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/24/53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

H. W. Means & Sons 5 N. Calvary St.

100

RECEIVED BY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

100



53 1980

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1980

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JENNY SOPHIA HAYEN

2. DATE
OF
DEATH

2/21/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3308 Ellerslie Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

7-03

D. STREET ADDRESS (If rural, give location)

3308 Ellerslie Avenue

418

E. Length of stay in Baltimore

about 16

Year
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 17, 1878

9. AGE (In years
last birthday)

74

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

EBERHARD HAYEN

14. MOTHER'S MAIDEN NAME

JANE PADDINGTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

No

17. INFORMANT FRIEND

ADDRESS

416

Miss JOSEPHINE RICHARDSON, 2601 LAWANA ROAD

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebro-vascular accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive cardiovascular disease

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/5, 1953 to 2/21, 1953; that I last saw the
deceased alive on 2/21, 1953, and that death occurred at 3:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Georgia Reynolds

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

2/21/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb 24/53

24C. NAME OF CEMETERY OR CREMATORY

Lovelock Park

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Stewart & Moen

ADDRESS

P. Ballo Md.

1980

1

THE SECRETARY OF DEFENSE

OFFICE OF THE SECRETARY OF DEFENSE

1980



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 1981

53 1981

BIRTH NO. 23-844651. NAME OF DECEASED
(Type or Print)Louis James Haysie2. DATE
OF
DEATHFeb. 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONSouth Baltimore General Hosp.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Feb. 21-19539. AGE (in years
last birthday)

Under 1 Year

Months: Days

Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Louis Edward Haysie

14. MOTHER'S MAIDEN NAME

Dorothy Elizabeth Chaney15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

Louis E. Haysie

ADDRESS

719 S. Potomac St18. 761.5DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Prolonged Cord

DUE TO

ANTECEDENT CAUSES

(B)

Prematurity

DUE TO

(C)

Double foetus breech presentationINTERVAL BETWEEN
ONSET AND DEATH1 hrII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 21, 1953, to Feb 21, 1953, that I last saw the
deceased alive on Feb. 21, 1953, and that death occurred at 9:31 A. m., from the causes and on the date stated above.

23A. SIGNATURE

W. M. Conway

23B. ADDRESS

South Baltimore Genl Hosp

23C. DATE SIGNED

2/21/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial

24B. DATE

2-24-53

24C. NAME OF CEMETERY OR CREMATORY

Bethel National

24D. LOCATION (City, town, or county)

Fredrick Rd. (Catonsville)DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

John J. Duda, Inc. 2829 Tudor City

1931-32

UNITED STATES DEPARTMENT OF AGRICULTURE

1931-32



53 1982

53 1982

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Amelia

Ladzinski

2. DATE
OF
DEATH

FEB 20 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3100 Elliott St

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 443X and 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) CEREBRO VASCULAR ACCIDENT

1 DAY

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) HYPERTENSIVE AND ARTERIOSCLEROTIC
DUE TO CARDIO-VASCULAR DISEASE

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

DIABETES MELLITUS

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from 2-19-1953 to 2-20-1953 that I last saw the
deceased alive on 2-20-1953, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

G. H. Stevens, Jr.

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2/20/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 22 1953

Huntington

John J. Duda, Inc. 2829 N. 2nd St.

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1983
Registered No.53 1983
BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARY LOUISE BERNER (BOERNER)			2. DATE OF DEATH February 20, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-05		
D. STREET ADDRESS (If rural, give location) 1803 St. Paul Street			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH ?	9. AGE (In years last birthday) about 65	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Ind			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		
17. INFORMANT John J. Mulvaney 270 N. Charles St.			ADDRESS		
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease (A) NOXIO			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Bronchopneumonia DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Inspection & Inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William J. Mulvaney		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Feb. 20, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/23/53		24C. NAME OF CEMETERY OR CREMATORY New Cathedral	
24D. LOCATION (City, town, or county) (State) Balto., Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR FEB 22 1953		24F. REGISTRAR'S SIGNATURE Thurston	
24G. FUNERAL DIRECTOR Paul E. Scheneweit		24H. ADDRESS 360-17 Chestnut Ave.			

83e 6024

CERTIFICATE OF DEATH
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ERNEST HENDON

2. DATE
OF
DEATH

1-17-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION

Lutheran Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

15-12

D. STREET ADDRESS (If rural, give location)

3408 Reisterstown Rd.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

U

8. DATE OF BIRTH

U

9. AGE (In years last birthday)

30

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

K

11. BIRTHPLACE (State or foreign country)

K

12. CITIZEN OF WHAT COUNTRY

13. FATHER'S NAME

N

14. MOTHER'S MAIDEN NAME

O

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

N

17. INFORMANT

N

ADDRESS

18. E 890.0 and 322.2 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

UNDETERMINED

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Presumably Alcoholism
(EXTREME POSTMORTEM DECOMPOSITION)

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

3408 Reisterstown Rd

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

5 p.m. 1/17/1953

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Asphyxiated by carbon monoxide from defective gas heat

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. E. Fisher M.D.

23B. CHIEF MEDICAL EXAMINER... ASSISTANT MEDICAL EXAMINER... MEDICAL INVESTIGATOR...

23C. DATE SIGNED

1-18-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

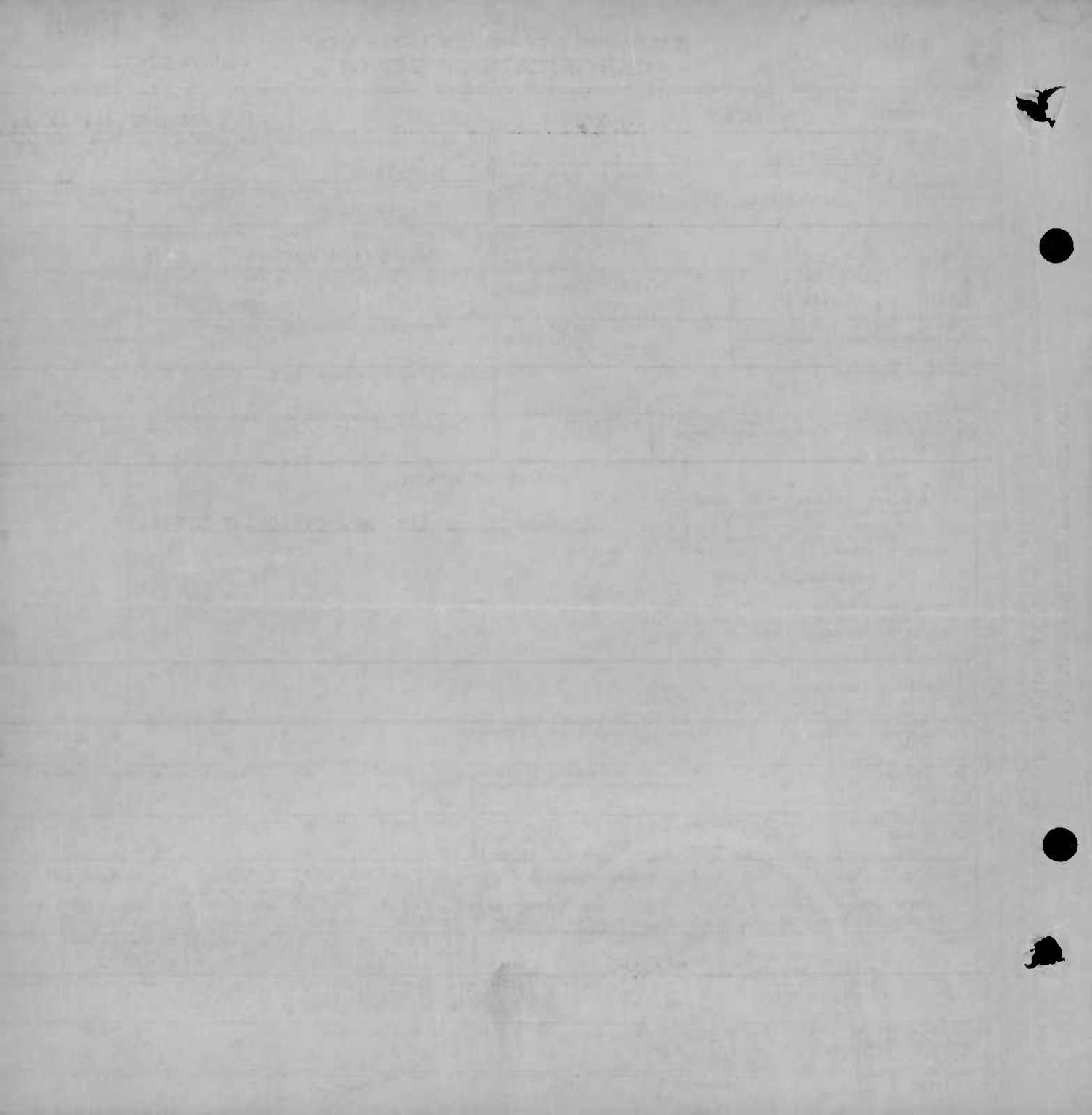
See directive from Medical Examiner
in Document File

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1985

Registered No. _____

BIRTH NO.		DOCK		ROUCH		2. DATE OF DEATH January 21, 1953	
1. NAME OF DECEASED (Type or Print)				2. DATE OF DEATH January 21, 1953			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 204 Myrtel Avenue			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) U		8. DATE OF BIRTH U	9. AGE (In years last birthday) 70	If Under 1 Year Months Days	If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY K		11. BIRTHPLACE (State or foreign country) K		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME N O				14. MOTHER'S MAIDEN NAME O			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. N		17. INFORMANT ADDRESS N			
18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an <u>partial autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .							
23A. SIGNATURE William H. Smith				23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED 1/21/53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR FEB 2 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Huntington Williams, M.D.		ADDRESS	



1986

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1986

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RALPH

JENKINS

2. DATE OF DEATH January 19, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 19-02

D. STREET ADDRESS (If rural, give location)

1715 Madison Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX
Male

6. COLOR OR RACE
Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
U

8. DATE OF BIRTH
U

9. AGE (In years last birthday)
50

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY
K

11. BIRTHPLACE (State or foreign country)
K

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
N

14. MOTHER'S MAIDEN NAME
O

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
N

17. INFORMANT
N

ADDRESS

18. 490x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Left Upper and Lower Lobar Pneumonia

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ HOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....
M.D.

23C. DATE SIGNED
1/19/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

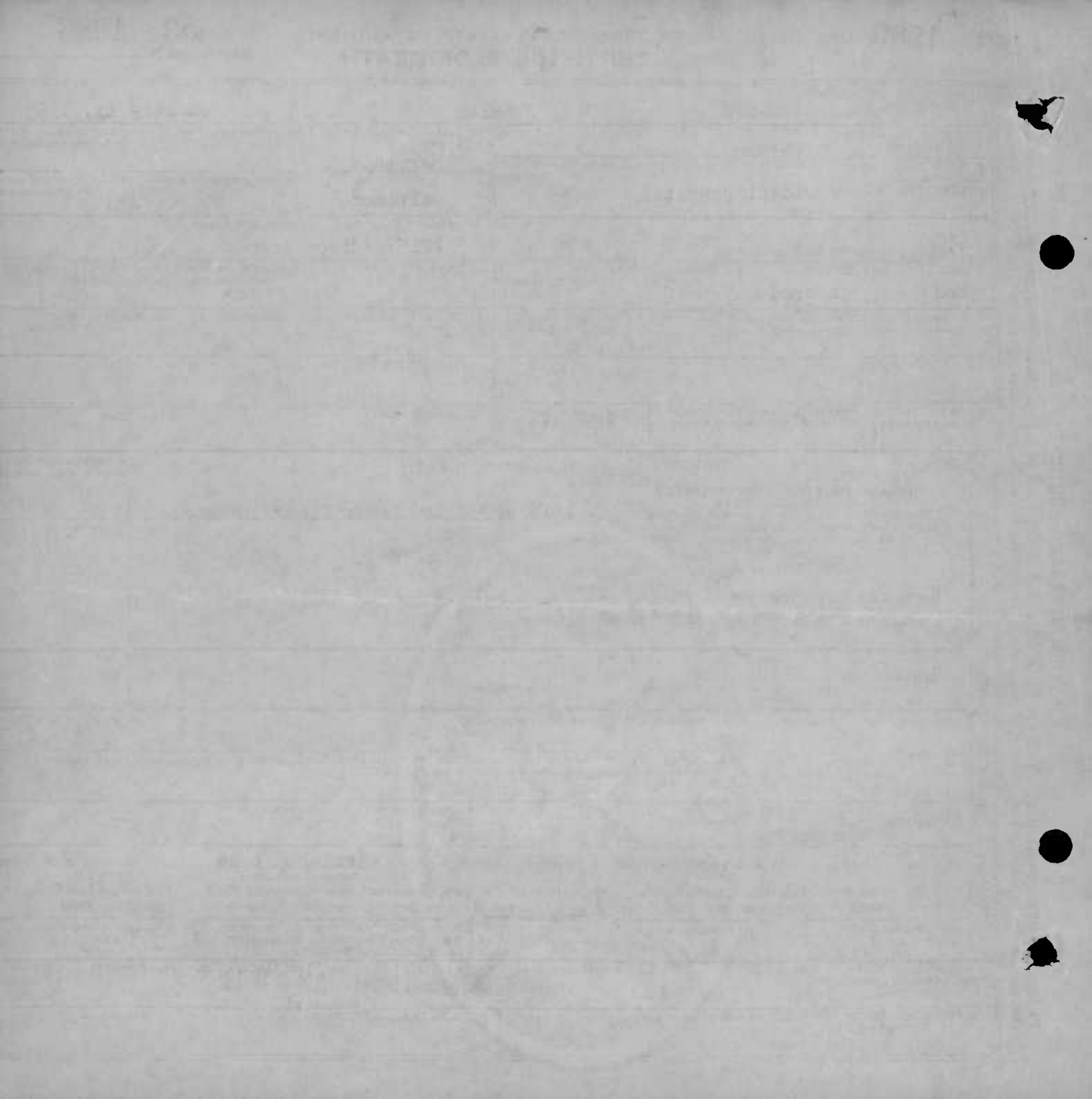
(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1987
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH BELL

2. DATE
OF
DEATH

Jan. 19, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

No Home Address

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

U

8. DATE OF BIRTH

U

9. AGE (In years last birthday)

70

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

K

11. BIRTHPLACE (State or foreign country)

K

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

N

14. MOTHER'S MAIDEN NAME

O

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

N

17. INFORMANT ADDRESS

N

18. 541.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Peritonitis
DUE TO Perforate duodenal ulcer

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Bronchopneumonia
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

P. B. Fisher M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Jan. 22, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

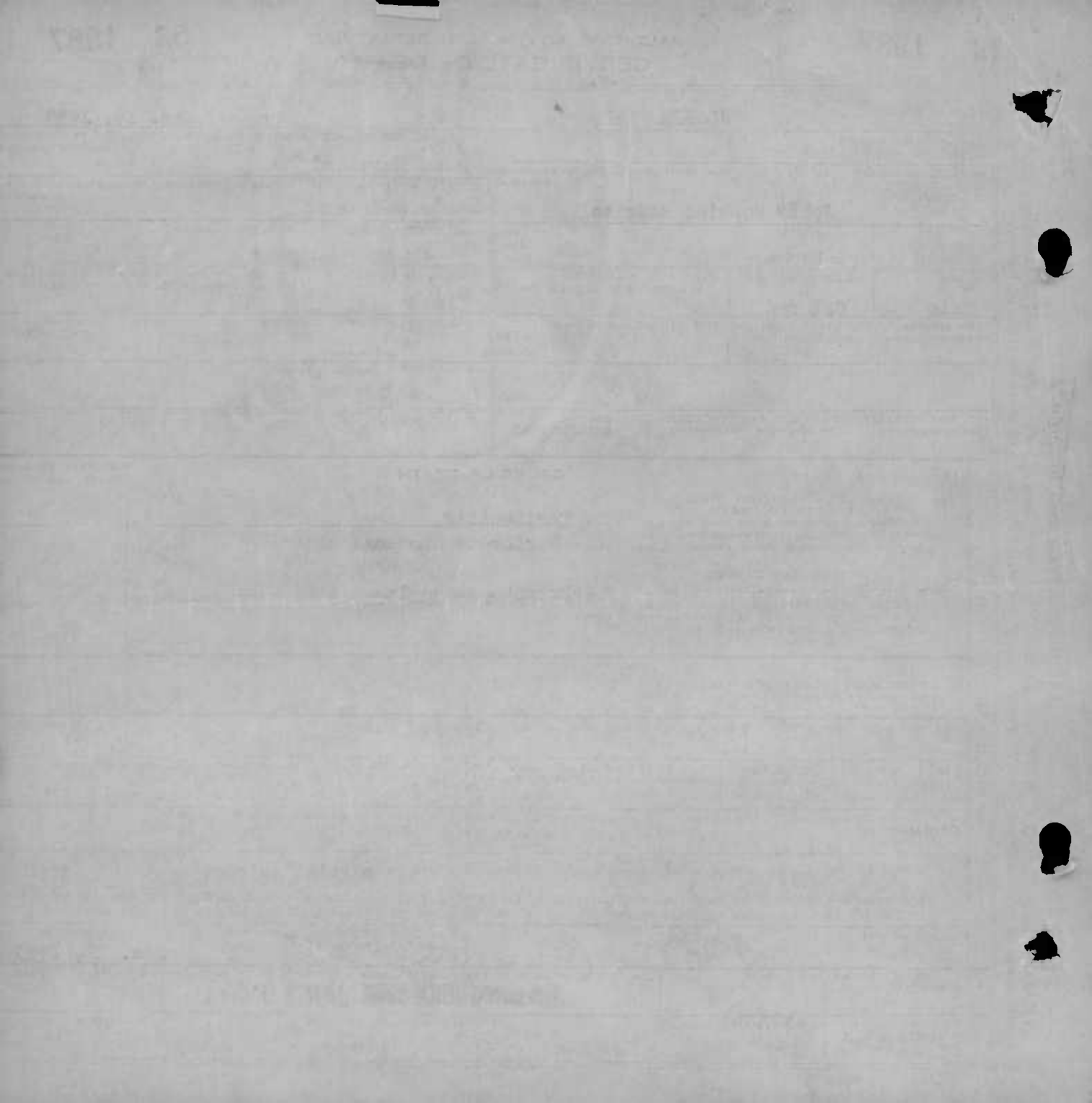
(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 1988

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1988

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES LEE

2. DATE
OF
DEATH

1-23-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

MD

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

38 U. H

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 22-01

D. STREET ADDRESS (If rural, give location)

309 S Sharp

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Unknown

9. AGE (In years last birthday) If Under 1 Year If Under 24 Hours
Months: Days Hours Min.

51

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Unknown

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 307X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Pneumonia

DUE TO

1) bronchopneumonia

(B)

2) meningitis, pneumococcal

DUE TO

3) B. e. myocarditis

(C)

Rel. tumors

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-19 1952 to 1-23 1953, that I last saw the
deceased alive on 1-23 1953, and that death occurred at 2:35 A. M., from the causes and on the date stated above.

23A. SIGNATURE

D. Felipe Gonzalez M. D.

23B. ADDRESS

U. H.

23C. DATE SIGNED

1-23-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL JAN 27 1953

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 1989
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

AUGUST HOFFMANN

2. DATE OF DEATH

Feb. 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Baltimore, Md.**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY **26-44**

B. FULL NAME OF HOSPITAL OR INSTITUTION
Mercy Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore - 24

C. Length of stay in Baltimore
About 75 Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)
3402 Noble St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

Nov. 11, 1874

9. AGE (In years last birthday)

78

10 Under 1 Year Months: Days: 11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED

10B. KIND OF BUSINESS OR INDUSTRY

CARPENTER

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Christian Hoffman

14. MOTHER'S MAIDEN NAME

Anna Wirthmiller

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Not known

16. SOCIAL SECURITY NO.

214-12-9676

17. INFORMANT

Self

ADDRESS

18. **150X**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

**Carcinoma of Esophagus 42x25
Poor for Vis + Medical History
Post-operative**

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Feb. 10, 1953

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of esophagus

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan. 22, 1953** to **Feb. 21, 1953** that I last saw the deceased alive on **Feb. 21, 1953**, and that death occurred at **4:32 AM.**, from the causes and on the date stated above.

23A. SIGNATURE

Leonard J. Humberger

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

2-24-53

24C. NAME OF CEMETERY OR CREMATORY

SACRED HEART CEM

24D. LOCATION (City, town, or county) (State)

7401 GERMAN HILL RD. MD.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

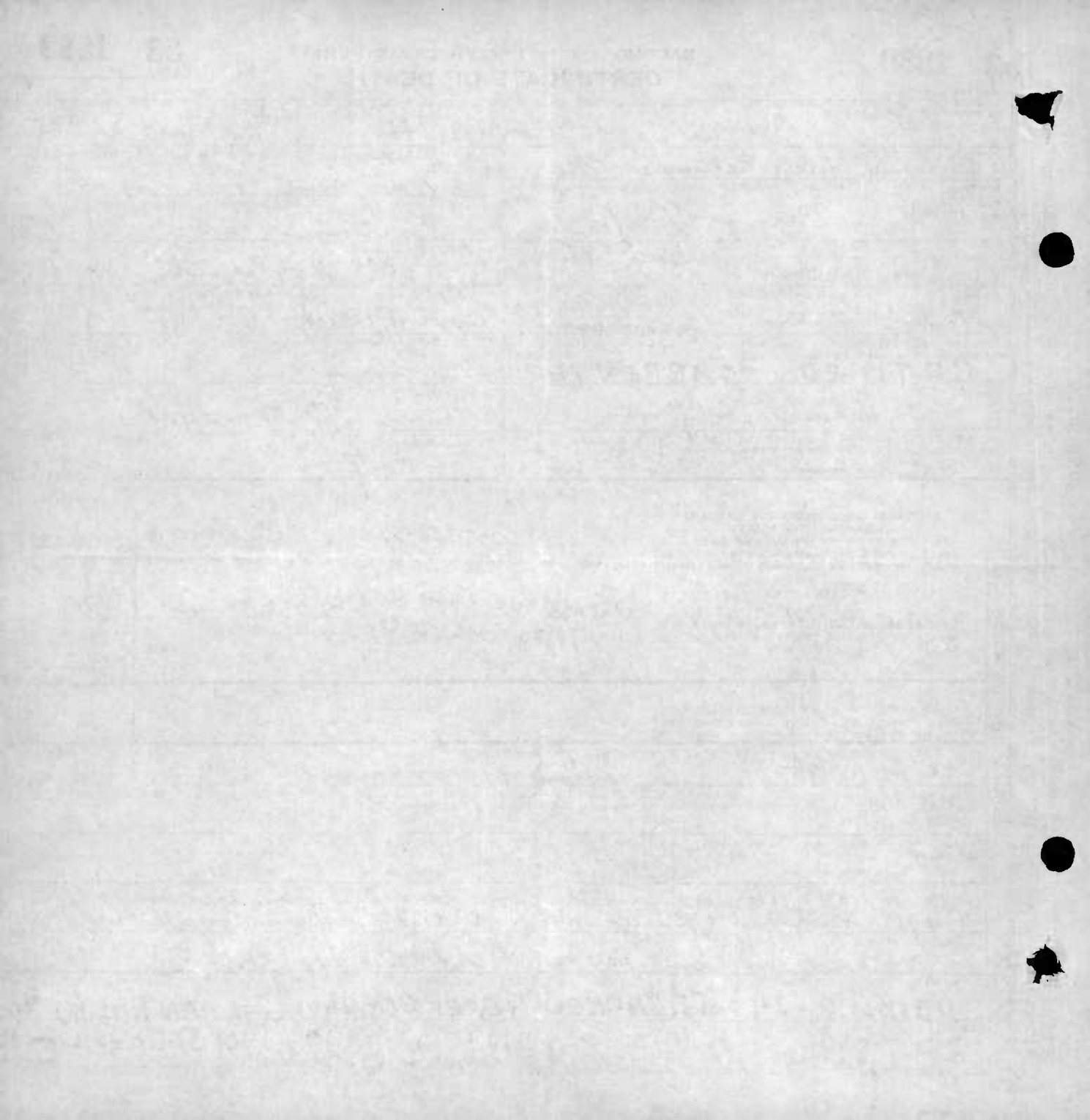
Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Charles S. Seiler

ADDRESS

901 S. CONKLING ST.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

53 1990

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

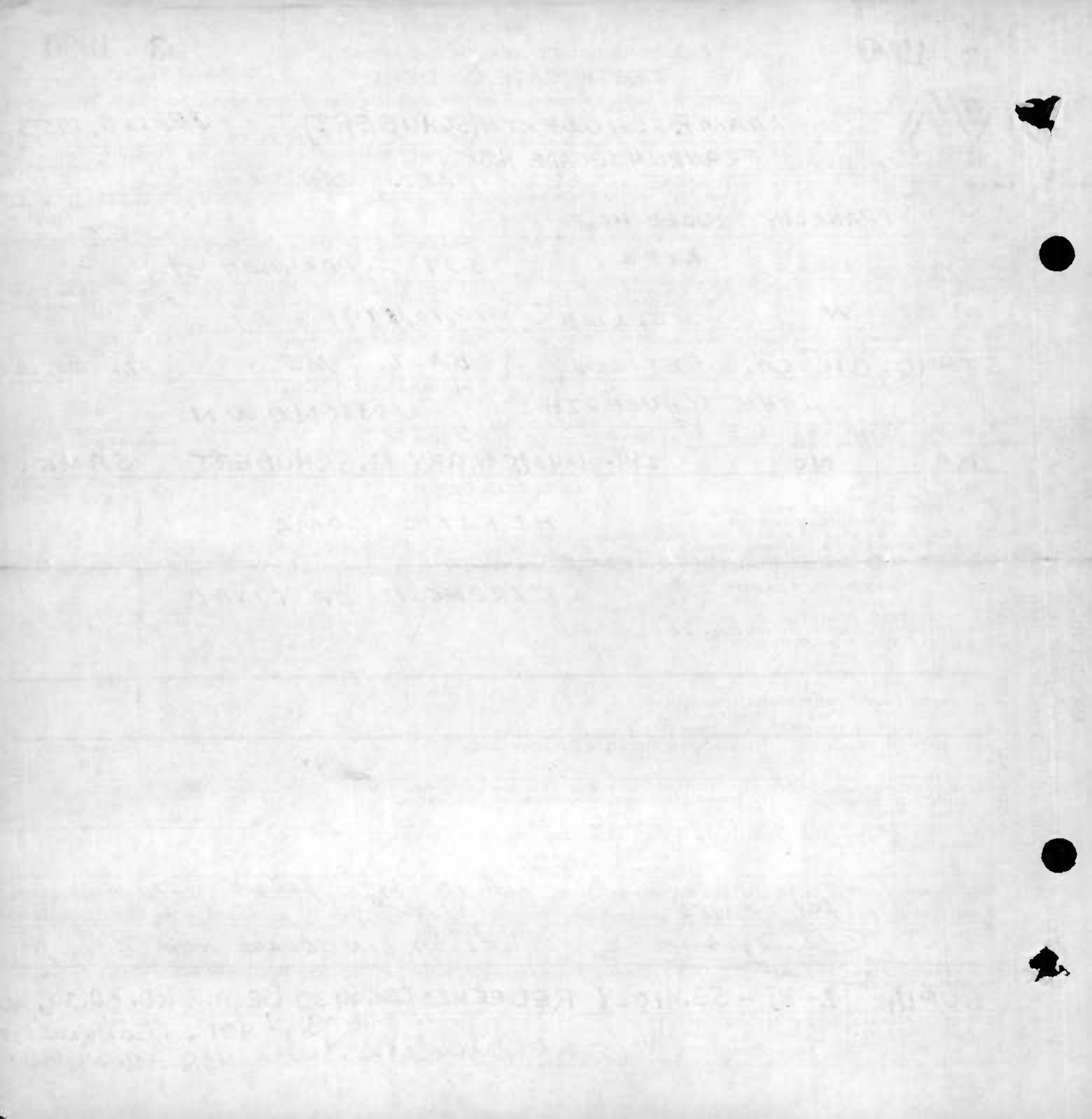
53 1990

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) ADAM F. SCHUBERTH (SCHUBERT)			2. DATE OF DEATH FEB. 20, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland FRANKLIN SQUARE HOSP.			B. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE BALT. MD. COUNTY _____		
4. FULL NAME OF HOSPITAL OR INSTITUTION FRANKLIN SQUARE HOSP.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 1-02		
5. LENGTH OF STAY IN BALTIMORE 21 FE			D. STREET ADDRESS (If rural, give location) 239 S. ROBINSON ST.		
6. SEX M	7. COLOR OR RACE W	8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	9. DATE OF BIRTH 10/10/1891	10. AGE (In years last birthday) 61	11. If Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STAND. OIL CO.			10B. KIND OF BUSINESS OR INDUSTRY RETIRED		
11. BIRTHPLACE (State or foreign country) BALT. MD.			12. CITIZEN OF WHAT COUNTRY? BAL. MD. USA.		
13. FATHER'S NAME JOHN SCHUBERTH			14. MOTHER'S MAIDEN NAME UNKNOWN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 214-01-4095		17. INFORMANT ADDRESS MARY M. SCHUBERT SAME.	
18. 581.0 I CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) HEPATIC COMA					
DUE TO (A) _____					
ANTECEDENT CAUSES CIRRHOSIS OF LIVER					
DUE TO (B) _____					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from FEB 10, 1953 , to FEB 20, 1953 , that I last saw the deceased alive on FEB. 20, 1953 , and that death occurred at 12:20 PM , from the causes and on the date stated above.					
23A. SIGNATURE Androme		23B. ADDRESS FRANKLIN SQUARE HOSP		23C. DATE SIGNED 2/20/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 2-23-53		24C. NAME OF CEMETERY OR CREMATORY HOLY REDEEMER CEM.	
24D. LOCATION (City, town, or county) 4430 BELAIR RD. BALTO., MD.		24E. DATE RECEIVED BY LOCAL REGISTRAR FFR 22-1953		24F. REGISTRAR'S SIGNATURE Huntington Williams	
24G. FUNERAL DIRECTOR Charles S. Fisher		24H. ADDRESS 901 S. CONKLING ST. BALTO. 24, MD.		24I. _____	

6906K



53 1991

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

53 1991

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Katherine Zalinski

2. DATE
OF
DEATH

Feb. 19, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

829 S. Dallas Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 3-02

c. Length of stay in Baltimore

48 years

D. STREET ADDRESS (If rural, give location)

829 S. Dallas Street

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Nov 25 1881

9. AGE (In years last birthday)

71

H Under 1 Year

Months Days

H Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joseph Jablonski

14. MOTHER'S MAIDEN NAME

Frances

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

Yes, give war or dates of service

16. SOCIAL SECURITY NO.

17. INFORMANT

Frances

ADDRESS

18. 422.2

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Cardiac dilatation

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

instant

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Chronic myocarditis

DUE TO

4 yrs.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT

NOT WHILE

m.

WORK

AT WORK

22. I hereby certify that I attended the deceased from March, 1948 to Feb. 19, 1953 that I last saw the deceased alive on Feb. 19, 1953, and that death occurred at 4 p. m., from the causes and on the date stated above.

22A. SIGNATURE

John V. Szyerlich

M. D.

22B. ADDRESS

1802 Eastern Ave

22C. DATE SIGNED

2-19-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb 23/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Rosary Cmn

24D. LOCATION (City, town, or county)

Balto. County

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

John W. Welby 401 S. Chester

ADDRESS

FEB 22 1953

VS-150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Stenrichi
1802 Gendreau and

10 AM

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1992
Registered No.53 1992
BIRTH NO.

1. NAME OF DECEASED (Type or Print) KREYZANOWSKI, ANNA			2. DATE OF DEATH 2/20/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY BALTO.		
B. FULL NAME OF HOSPITAL OR INSTITUTION Chase Home & Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 69			D. STREET ADDRESS (If rural, give location) 153 Stevenson Lane		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH March 17, 1866		9. AGE (in years last birthday) 87
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Poland
13. FATHER'S NAME MORRIS ?			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT Chase Home & Hospital

18. 480X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bronchopneumonia DUE TO (A) Bronchopneumonia (B) Influenza (C) Dyspnea			INTERVAL BETWEEN ONSET AND DEATH 1 week		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Antenatal Heart Disease					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/18 , 19 53 , to 2/20 , 19 53 , that I last saw the deceased alive on 2/20 , 19 53 , and that death occurred at 9:45 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE D. F. Dawson		23B. ADDRESS M. D. Chase Home & Hospital		23C. DATE SIGNED 2/20/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb 24/53		24C. NAME OF CEMETERY OR CREMATORY Holy Rosary Cem	
24D. LOCATION (City, town, or county) (State) Balta. County		25. FUNERAL DIRECTOR John M. Weber		ADDRESS 401 S. Chet	

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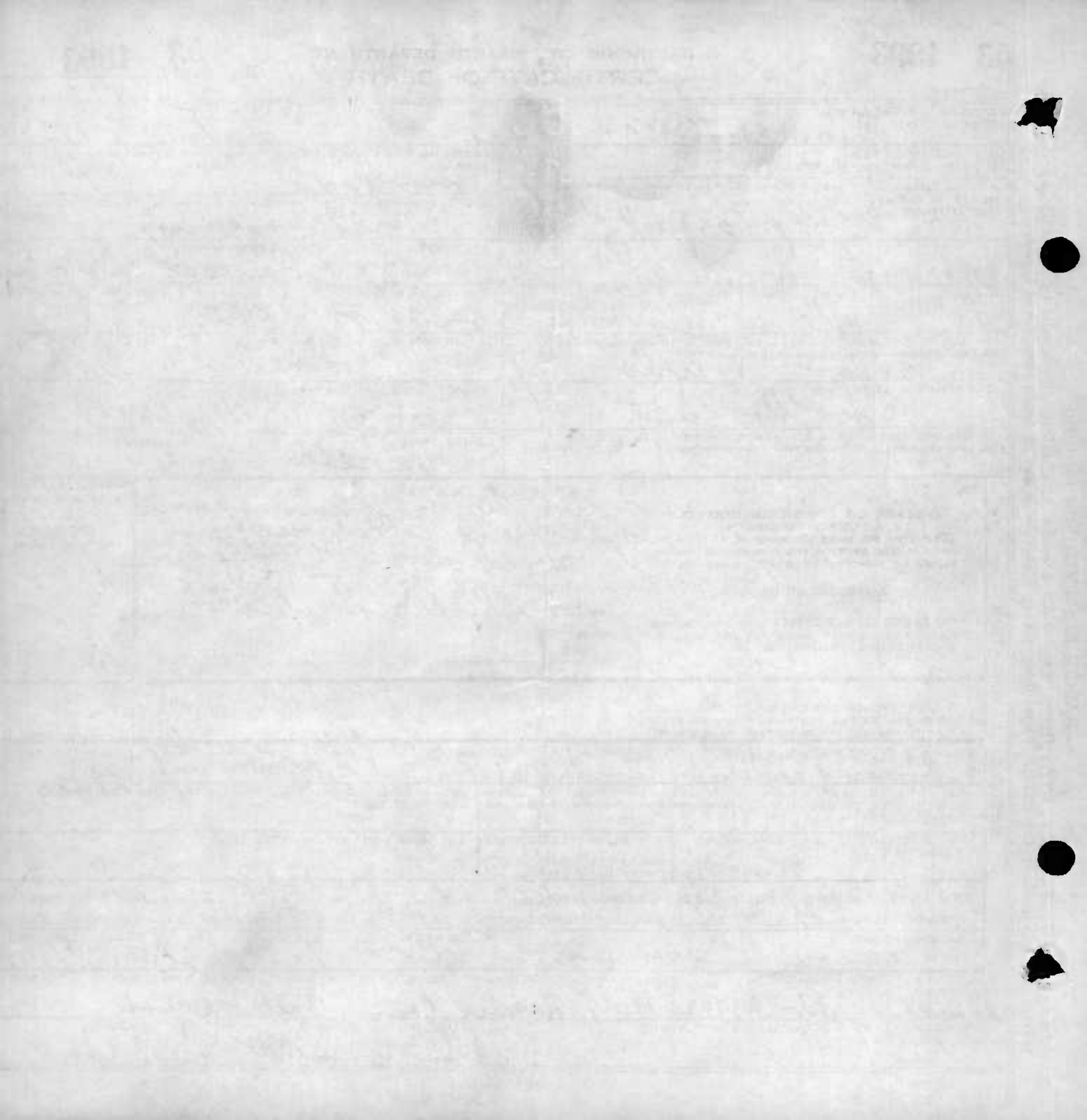
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

623
53 1993

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1993
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) ROMAN CHARCHUT		2. DATE OF DEATH Feb 19 1953	
3. PLACE OF DEATH A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 26-05			
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital Balto		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 437 Elvino St Balto Md			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec 24 1897	9. AGE (In years last birthday) 55 yrs	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor		10B. KIND OF BUSINESS OR INDUSTRY Tailor Shop		11. BIRTHPLACE (State or foreign country) Poland	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME John Chorchut		14. MOTHER'S MAIDEN NAME Mary Rog	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 540.0		17. INFORMANT Patent ADDRESS	
18. 540.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH Transition from chronic ulcerated abscesses of pyloric obstruction recurrent for 3 yrs to peptic ulcer			
ANTECEDENT CAUSES		INTERVAL BETWEEN ONSET AND DEATH 4 wks			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO (B) (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION Jan 53		19B. MAJOR FINDINGS OF OPERATION Release of adhesions + Scarring obstructing Extraordinary on Jan 53		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb 16 1953 to Feb 19 1953 that I last saw the deceased alive on Feb 19 1953 and that death occurred at 3:00 P.M. from the causes and on the date stated above.					
23A. SIGNATURE Leonard G. Hamberg		23B. ADDRESS Mercy Hosp		23C. DATE SIGNED Feb 19 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb 23 1953		24C. NAME OF CEMETERY OR CREMATORY Italy Rosary Cem	
24D. LOCATION (City, town, or county) (State) Balta County		25. FUNERAL DIRECTOR John W. Debes		ADDRESS 401 S Chester	



53 1994

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1994
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Octavia Dewalt</i>		2. DATE OF DEATH <i>2-20-53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>1124 W. Lafayette Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i> <i>16</i> <i>01</i>	
c. Length of stay in Baltimore <i>10</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1124 W. Lafayette Ave</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>	8. DATE OF BIRTH <i>10-28-1882</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>At home</i>	9. AGE (in years last birthday) <i>70</i>
13. FATHER'S NAME <i>Solomon Hays</i>		11. BIRTHPLACE (State or foreign country) <i>New Berry S.C.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>—</i> (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
16. SOCIAL SECURITY NO. <i>—</i>		14. MOTHER'S MAIDEN NAME <i>Emmie Butler</i>	
17. INFORMANT <i>Ethel Dewalt</i>		ADDRESS <i>1124 W. Lafayette</i>	
18. <i>450.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <i>Myocardial Failure</i> DUE TO (B) <i>Generalized Arteriosclerosis</i> DUE TO (C) <i>Senile Degeneration</i> <i>Hypostatic Pneumonia</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Dec 21</i> , 195 <i>2</i> , to <i>Feb 20</i> , 195 <i>3</i> ; that I last saw the deceased alive on <i>Feb 20</i> , 195 <i>3</i> , and that death occurred at <i>8:45</i> p.m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Edward L. Baughman</i> M.D.		23B. ADDRESS <i>7222 Fulton Ave</i>	
23C. DATE SIGNED <i>2/21/53</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>2-25-53</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Hammock Ben</i>		24D. LOCATION (City, town, or county) (State) <i>New Berry S.C.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 22 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
25. FUNERAL DIRECTOR <i>Samuel W. Sullivan Jr</i>		ADDRESS <i>1011 N. Admington Ave</i>	

1901

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1901



W-450
53 1995BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1995

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MARGARET B. WHELAN

2. DATE
OF
DEATH

2-20-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence

A. STATE

B. COUNTY

(before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1308 W. Lombard St

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1308 W. Lombard

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

SINGLE

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Jan 19, 1872

9. AGE (In years

last birthday)

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

DRESS MAKER RET

10B. KIND OF BUSINESS OR
INDUSTRY

SELF

11. BIRTHPLACE (State or foreign country)

BALTO. MD

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JAMES WHELAN

14. MOTHER'S MAIDEN NAME

MARY DEELY

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

Catherine M. Bye 1308 W. Lombard St

ADDRESS

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Occlusion

INTERVAL BETWEEN
ONSET AND DEATH

Immediate

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Generalized arteriosclerosis

Many Years.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1952 to Feb. 20, 1953, that I last saw the
deceased alive on Feb. 17, 1953, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Abram Goldman, M.D.

23B. ADDRESS

206 S. Calver St.

23C. DATE SIGNED

Feb 21, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2-23-53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

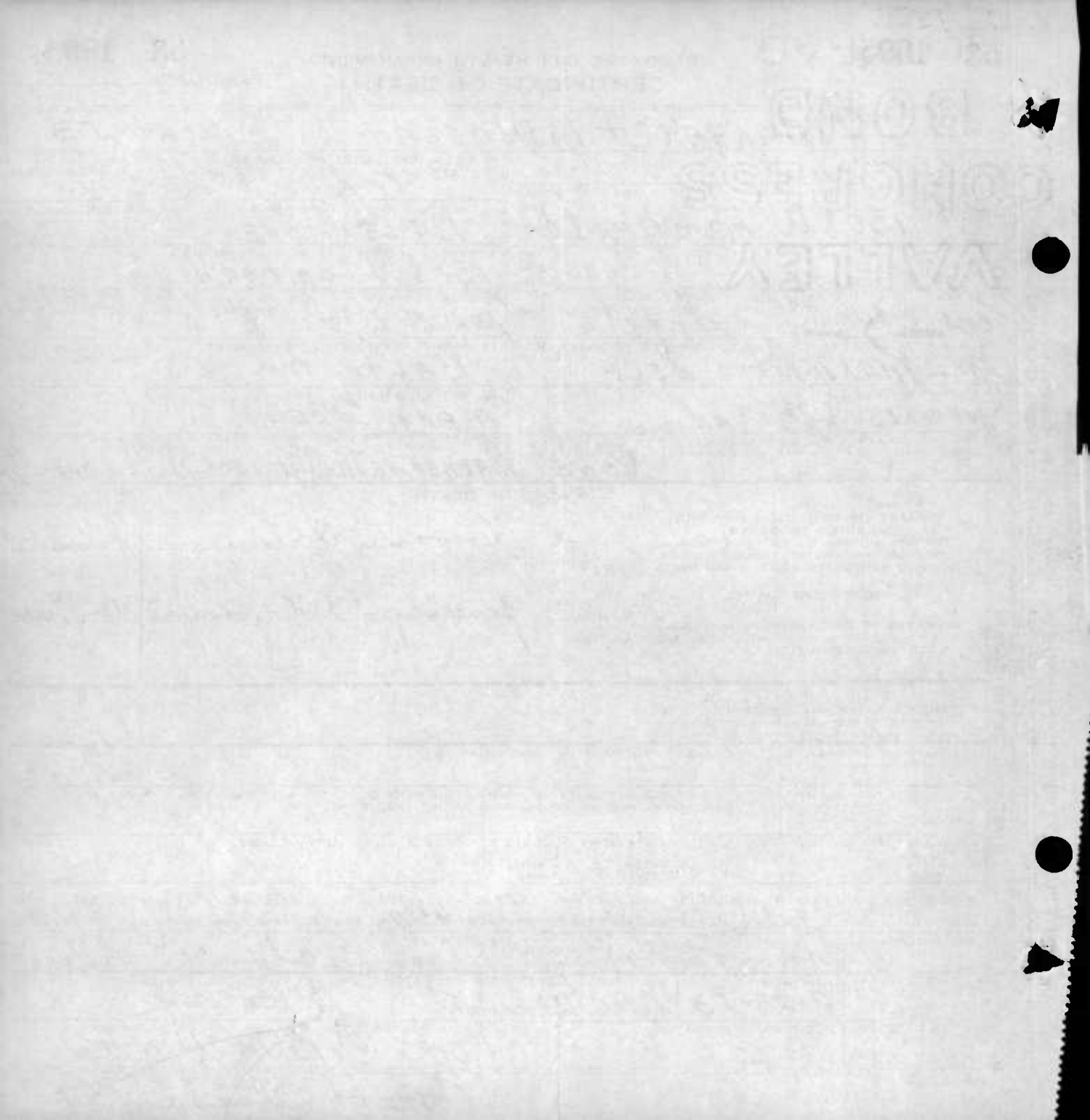
Huntington Williams

25. FUNERAL DIRECTOR

Rott & B. M. Walter

ADDRESS

Pratt & Stricker



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied, and correct as especially important. Physicians: please write the causes of death clearly and legibly.

53 1996

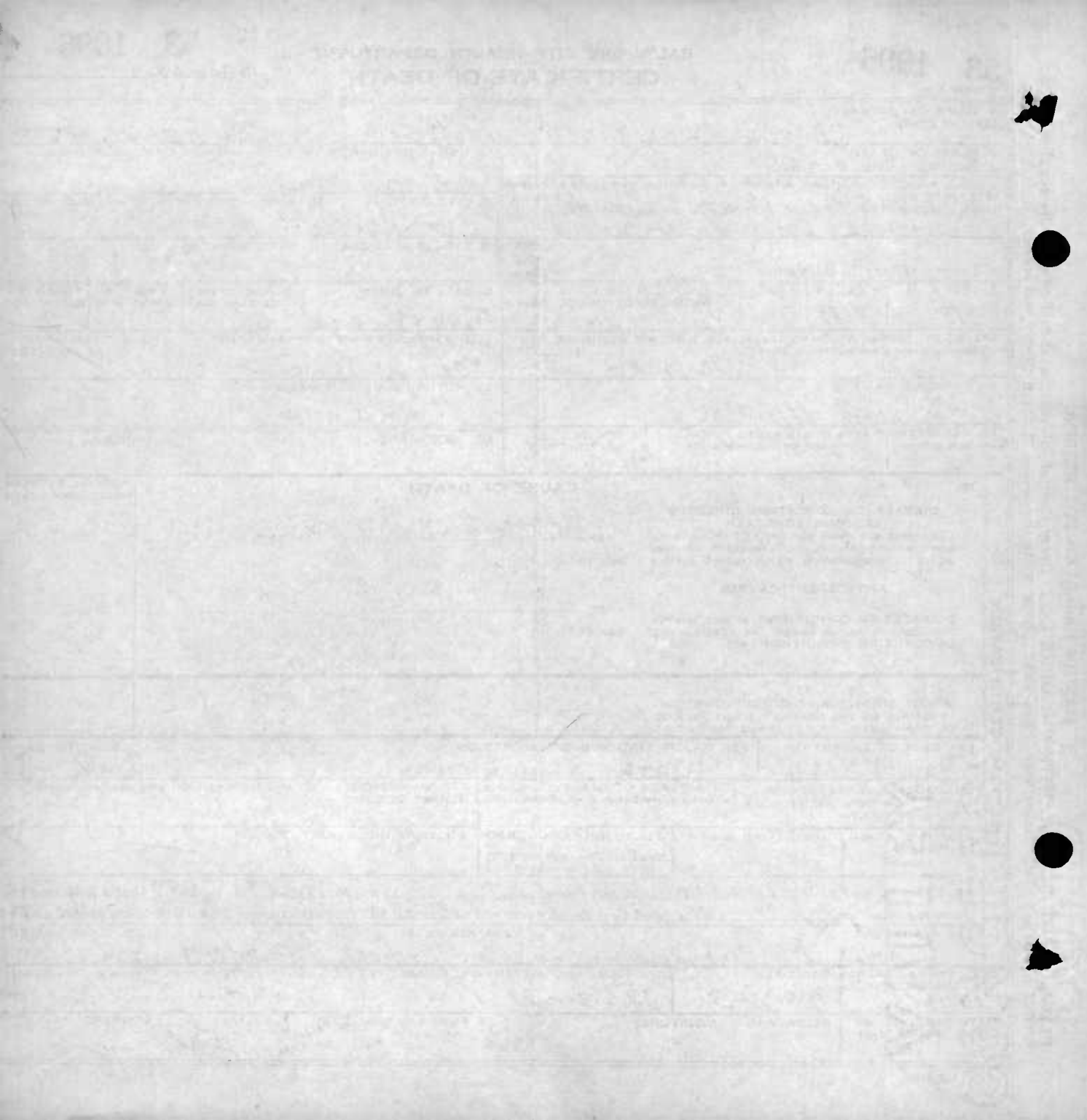
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 1996

1. NAME OF DECEASED (Type or Print) CHARLES LAWRENCE McCoy			2. DATE OF DEATH FEB 21, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE PENNSYLVANIA B. COUNTY V-35		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION U.S. PUBLIC HEALTH SERVICE HOSP. WYMAN PARK DRIVE + 31st Street.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BROOKSVILLE		
c. Length of stay in Baltimore 3 1/2			D. STREET ADDRESS (If rural, give location)		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH MAR 18, 1902		9. AGE (In years last birthday) 50
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SEAMAN			10B. KIND OF BUSINESS OR INDUSTRY SHIPPING		11. BIRTHPLACE (State or foreign country) Pennsylvania
13. FATHER'S NAME CHARLES McCoy			12. CITIZEN OF WHAT COUNTRY? U.S.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 716-16-5842		17. INFORMANT ADDRESS EMMA KELLY
18. 587.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ACUTE + Chronic Pancreatitis DUE TO (A) ACUTE + Chronic Pancreatitis DUE TO (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 3 1/2 mos					
18. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION Nov 14, 1952		19B. MAJOR FINDINGS OF OPERATION ACUTE PANCREATITIS		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov 7 , 1952 to FEB 21 , 1953, that I last saw the deceased alive on FEB 21 , 1953, and that death occurred at 8:40 P m., from the causes and on the date stated above.					
23A. SIGNATURE James J. Callaway		23B. ADDRESS U.S. P.H.S. Hosp. BALTO. MD.		23C. DATE SIGNED FEB 22, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 3/23/53		24C. NAME OF CEMETERY OR CREMATORY Brunnsv. H	
24D. LOCATION (City, town, or county) (State) Baltimore		25. FUNERAL DIRECTOR Thurston & Sons			
DATE RECEIVED BY LOCAL REGISTRAR FEB 22 1953		REGISTRAR'S SIGNATURE Thurston & Sons		ADDRESS Baltimore	



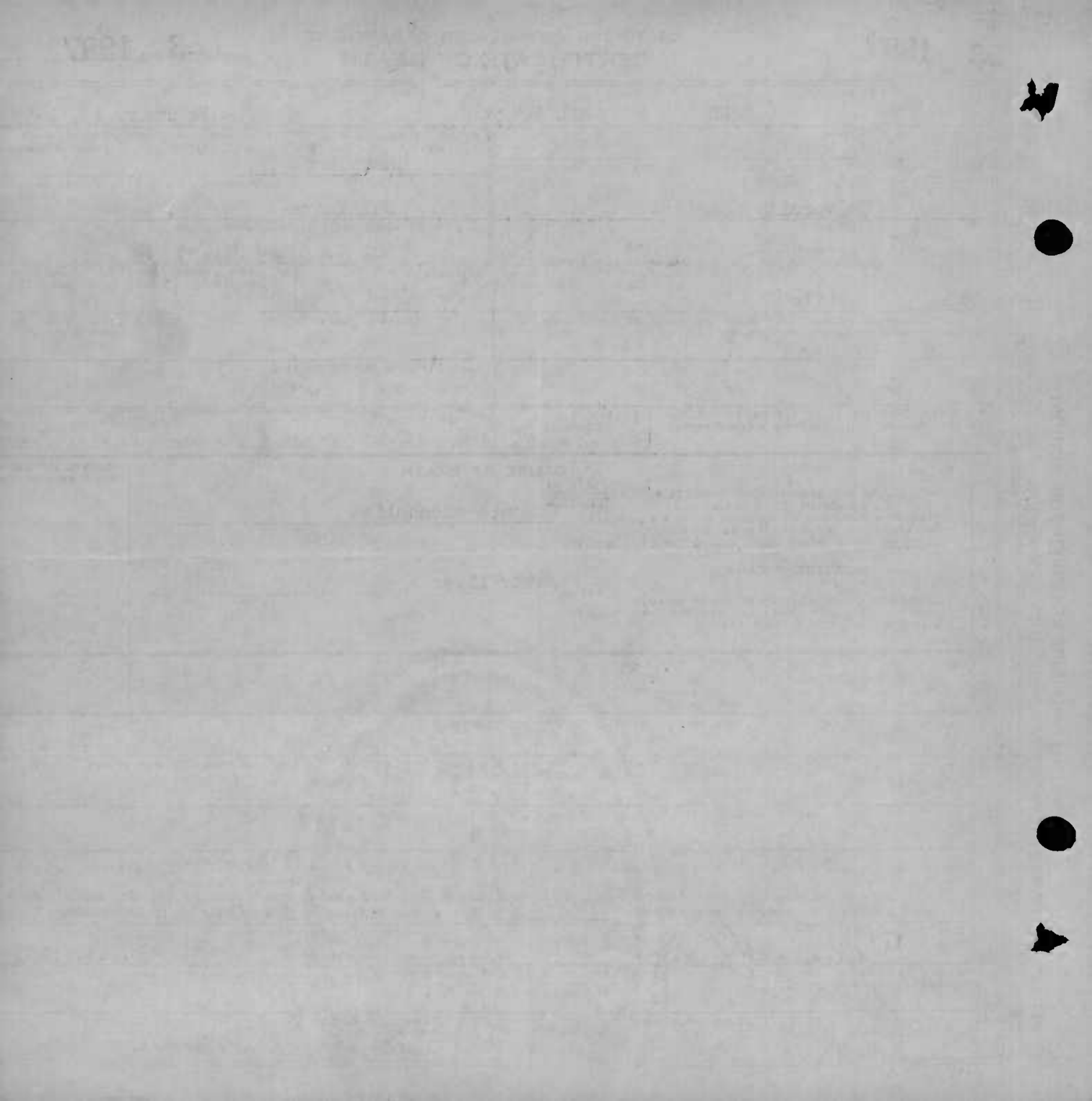
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1997

53 1997

BIRTH NO.

1. NAME OF DECEASED (Type or Print) BURL MILLION			2. DATE OF DEATH February 13, 1953		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 401 N. Eutaw Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH about 1909	9. AGE (In years last birthday) 43	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Tenn.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Burl Million			14. MOTHER'S MAIDEN NAME Pernie Smith		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 410-09-4293	17. INFORMANT ADDRESS Llewlyn Funeral Home, Jellico, Tenn.		
18. 581.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic alcoholism (A) NOXOTO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Fatty liver (B) DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William V. [Signature]		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input checked="" type="checkbox"/>		23C. DATE SIGNED Feb. 13, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 2/22/53	24C. NAME OF CEMETERY OR CREMATORY Jellico		24D. LOCATION (City, town, or county) (State) Tenn.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 22 1953		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR Wm Cook Inc Baltimore.	



53 1998

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 1998

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Margaret Ann Sophia Karn

2. DATE
OF
DEATH

Feb 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto Md

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

307 S. Stricker St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto. 17-03

D. STREET ADDRESS (If rural, give location)

307 S Stricken ST

c. Length of stay in Baltimore

10

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

June 12 1867

9. AGE (In years,
last birthday)

85

10. Under 1 Year
Months: Days

8 9

11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

housewife

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John William Pearl -

14. MOTHER'S MAIDEN NAME

Margaret L. Staley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs Helen Karn

ADDRESS

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) arteriosclerotic cardio vascular disease 10yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) congestive cardiac failure and pneumonia 10 days

DUE TO

II

(C) ...

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 3, 1945, to Feb 21, 1953 that I last saw the
deceased alive on Feb 21, 1953, and that death occurred at 1:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Edward A. Kumpf

23B. ADDRESS

4116 Edmondson Ave.

23C. DATE SIGNED

Feb 22 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2-23-53

24C. NAME OF CEMETERY OR CREMATORY

Harris

24D. LOCATION (City, town, or county)

Bunkitts Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 23 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

C.A. Leeb & Co

ADDRESS

Baltimore Md

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. Physicians: please write the causes of death clearly and legibly.

8021 10

8021



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 1999
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES

PEOPLES

2. DATE
OF DEATH February 19, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

23-01

D. STREET ADDRESS (If rural, give location)

910 Peach Street

C. Length of stay in Baltimore

24 Yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

?

9. AGE (In years last birthday)

47

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Bartender

10B. KIND OF BUSINESS OR INDUSTRY

Tavern

11. BIRTHPLACE (State or foreign country)

Darlington S.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Lucius

People

14. MOTHER'S MAIDEN NAME

Ada

King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT Winston Salem ADDRESS

Consella Byrd 1408 Clurry Ave

18.

002X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Far advanced pulmonary tuberculosis

~~NOSE~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Emaciation

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

*William H. Brown*23B. CHIEF MEDICAL EXAMINER.....☐ ASSISTANT MEDICAL EXAMINER.....☒ M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Feb. 19, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/23/1953

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

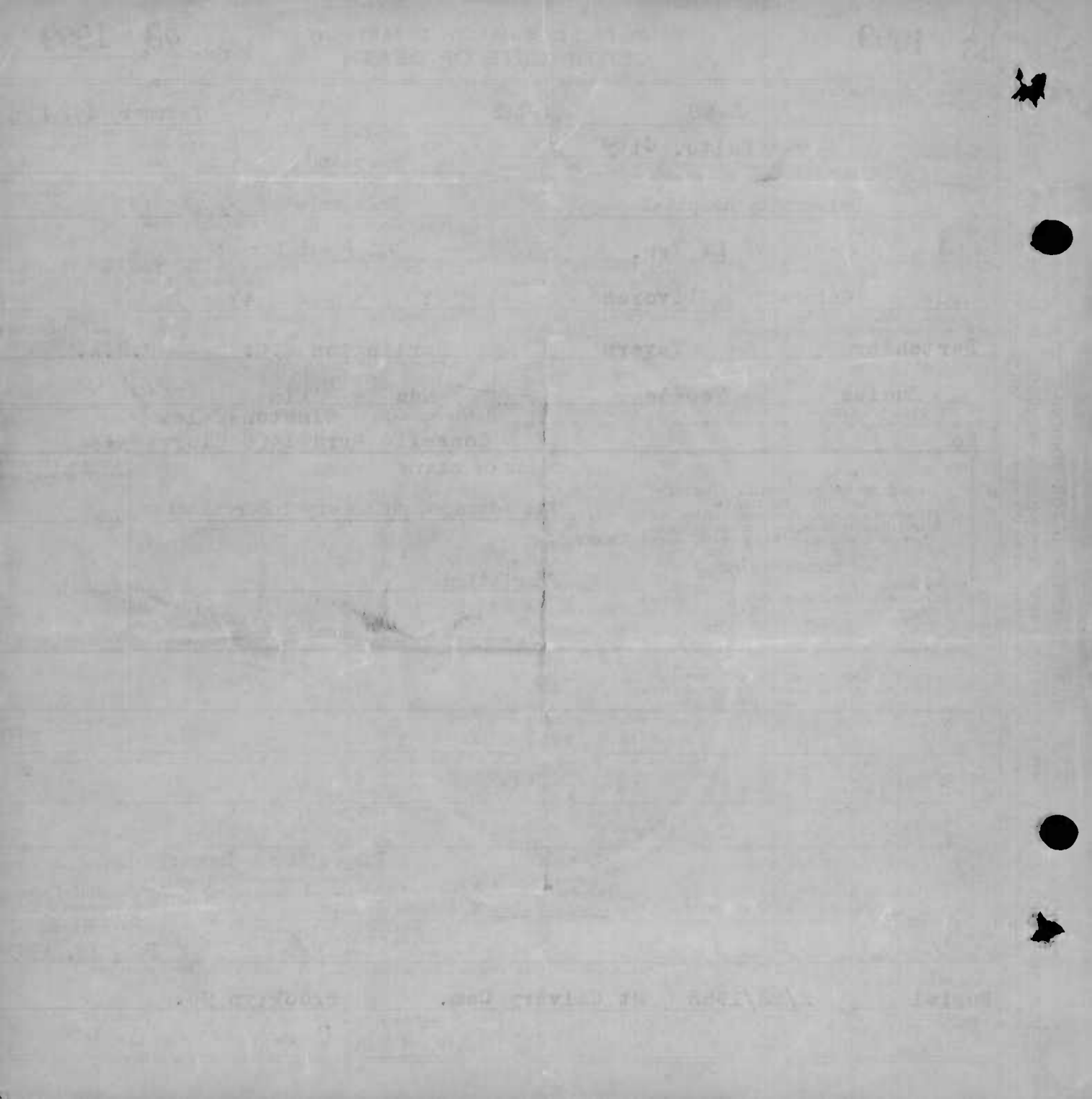
Thurston

25. FUNERAL DIRECTOR

Elmer D. Wilson 1000 Beatty

VS 151

750 64



A-352

53 2000

53 2000

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

EMMA C. ADAMS

2. DATE
OF DEATH Feb. 20, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2717 The Alameda

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2717 The Alameda

C. Length of stay in Baltimore Life

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Apr. 1, 1866

9. AGE (in years last birthday)

86

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

? Adams

14. MOTHER'S MAIDEN NAME

Cynthia Neilson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT 5701 Leith Walk ADDRESS 12
Miss Esther M. Gough

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic Cardio-Vascular Disease

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

4 hours

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1948, to Feb. 20, 1953, that I last saw the deceased alive on Feb. 20, 1953, and that death occurred at 11:45 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Lay M. Zimmerman M. D.

23B. ADDRESS

2858 Harford Rd.

23C. DATE SIGNED

Feb. 21, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

2/23/53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTO. MD.

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UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

0008

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